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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. LAST 20 DATE OF DEATH MONTH 26 HOUR **ADAMS** 1985 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR HOURS hite 27,1932 July 53 TIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVERMARRIED U.S.A. ANNE ARUNDEL COUNTY WIDOWED DIVORCED [AME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY NORTH ARUNDEL HOSPITAL actory machine opr. 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Odenton 490 Patuxent Rd. NO TX 15 MOTHER'S MAIDEN NAME MIDDLE Sprouse Lillian Woods ORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** OR DATES) 230-36-0537 Rov S. Adams same as 13e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UE TO, OR AS A CONSEQUENCE OF aveces ITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 mad so low 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 16 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR P.M e PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC) 0197 tended the deceased from our) opinian death accurred on the dote and haur and from the couses stated and that in (my) the body after death. DEGREE 22c DATE SIGNED MEDICAL ATTENDING STAFF nauna, MD 10 24/85 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 8667 FORT SMALLWOOD ROAD Christine Marias MD. PASADENA MARYLAND 21122 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE (SPECIFY) COUNTY 10/28/85 Maryland Veterans Burial Cem. Crownsville A.A. Md. ADDRESS 12 Ridgely A 750 DATE RECD. BY REGISTRAR 750 REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR Hardesty Funeral Home

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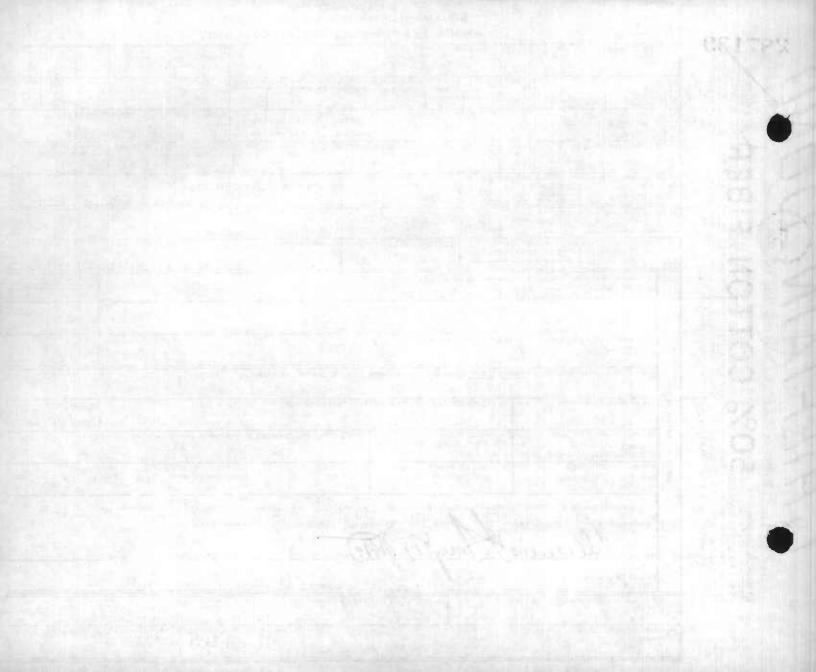
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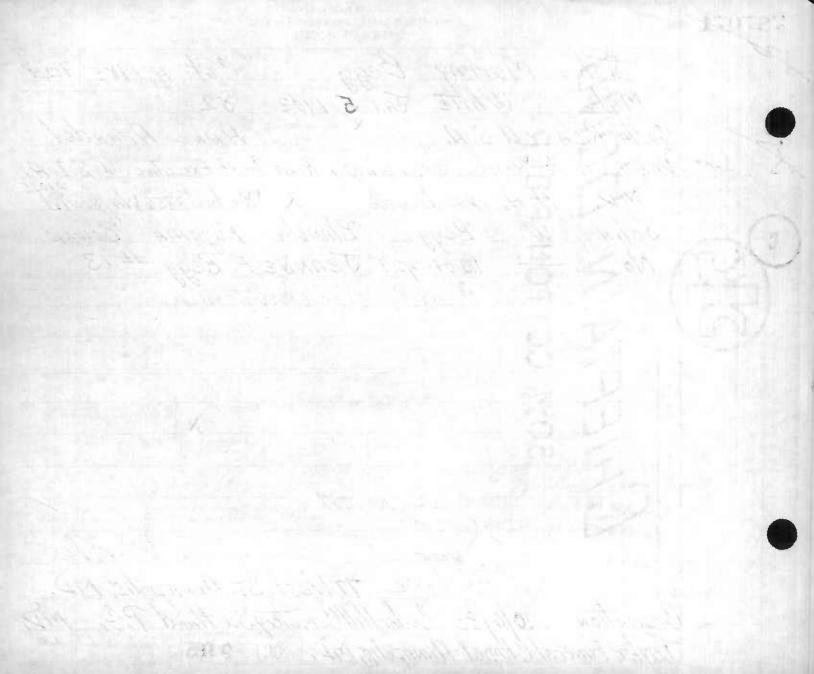
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMON

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	√ MALE		WHITE	D	Oct	. 15,	1921		64	YRS	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE OR FORE	IGN 7b	CITIZEN OF	WHAT COUN	TRY? 8	NEVER	AAA PRIED	9 BALTIMOI	RE CITY OR	COUNT	Y OF DEATH	
1	Wash., D.C	_	U.S.		WIDOWE	D D	VORCED 🗌		Heur		Co	MD.
1	TY OR TOWN OF DEATH	A		HOSPITAL, NI HEARILITY, GIVE	11	NEVAL		120 USUAL C LITYPE OF WORK Ret.		WORKING L	IFE) INDUSTRY	cab Co.
USU/ 13a S	AL RESIDENCE (IF NURSING TATE 138	HOME OR OTH		GIVE RESIDENCE 13c. CITY OR Edge		13d INSIDE (ITY LIMITS?	3417	DDRESS / -Larl	ZIP COD	ton Dr)37)
14 FA	THER'S NAME				7 10 10	15 MOTHER	S MAIDEN NAM					
	Richard	d	DLE	Beî	1	F	dith		MIODLE		Till	ou /
16a V	VAS DECEASED EVER IN			166. SOCIAL	SECURITY NO.	17. INFORM	ANT		ADDRES	S		
(YES NO OR UNKNOWN) (1	IF YES GIVE W	AR OR DATES)	577-2	4-7006	Nel	lie I.	Bel1	(Wi:	fe)		s above
	18 CAUSE OF DEATH (B PART I. DEATH WAS IM.	Enter only of CAUSED B MEDIATE (Y:	line for (a), (b	o', and ic's	Juph	oma				1	MOS
	Conditions, if any, wingove rise to immed couse (0), stating underlying couse	liote the lost.	(b) DUE TO, O	r as a cons	EOUENCE OF	NOT RELATE) TO THE TERMI	nal disease	OR COND	ITION GI	VEN IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	N	19b. COND	ITION FOR W	HICH OPERATION	WAS PERFO	DRMED	20a AUTO	PSY?	20b. 1F YE	S, WERE FINDI	NGS USED
IIEK								YES 🗇	NOD		FYING CAUSES	NO DEATH?
MEDICAL CER	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH		F INJURY MMONTH M.	DAY YEAR	21¢ HOW IN	IJURY OCCURRE	ED (ENTERNAT	TURE OF INJURY	IN ITEM 18	PART I OR PART 2)	
EDI	214 INJURY OCCURRED)	21e PLACE		FFICE FARM ETC)	21f. LOCATI			CITY OR TOW	N	COUNTY	STATE
¥	WHILE NOT WHILE				dal	Des			10/25		85	
	220. I certify that (I) (the saw the deceased a above, (J) (we) (did)	olive on	0221	5	0111	d that in (my	(aur) opinion di	eoth occurred	d on the dot	e ond hou		that (I) (we) lost couses stated
	226 SIGNATURE	J 5.	Selo	riils	M.O.		ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF	an 🗌	22c. DATE	SIGNED 23/85
	22d. PHYSICIAN'S NAME					22e ADDRES	SS	, _	DA	N. CA		
	Strant E.	Selo	uidl,	u.o.			auviin	. +2		napo	olis, u	ıd.
	BURIAL, CREMATION, REA		23h DATE		23c NAME OF C	METERY OR	CREMATORY	23d LOCA	TION		COUNTY	STATE
	Burial		10/25	5/85	Ft. L	incol	n Cem.		ntwo	od	Pr. Geo	. Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

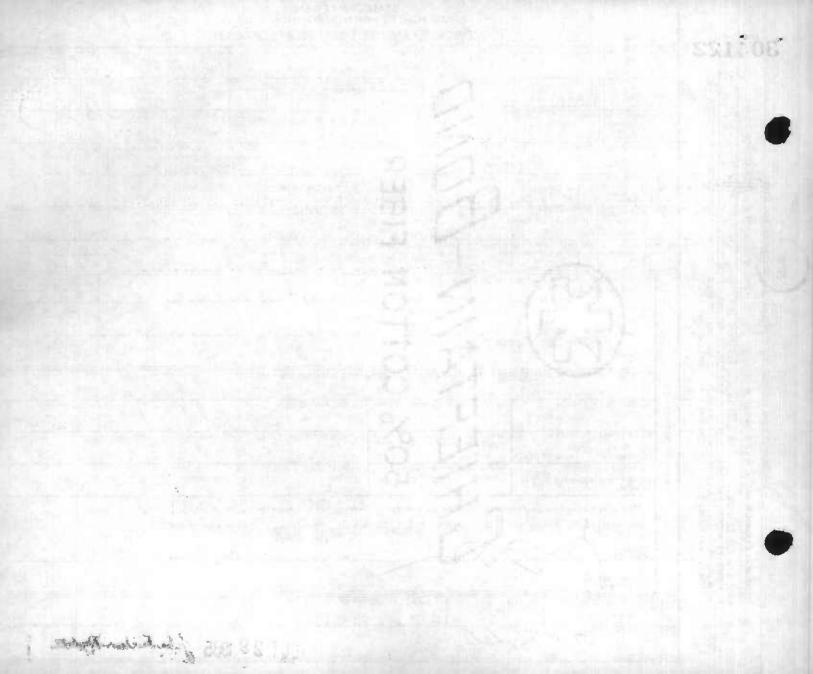
24 FUNERAL DIRECTOR Nalley's F.H. Inc. Mt. Rainier, Md.

Ft. Lincoln Cem. Pr. Geo. Md. Brentwood 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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			OR			EPARTMENT O	FHEALTH	H AND MENTAL	HYGIENE 5	6. 1	/ 0 0	de la
			REGISTRAR		MED	DICAL EXAMI	NER'S	CERTIFICATE	OF DEATH	REG. NO.		
	2		EASED NAME	FIRST	0505 150	MIDDLE		LAST	2s. DA		AONTH DAY YEAR	2b. HOUR
		(179)	OR PRINT)	NANC	y .	LEE	אואים	VETT-STARR		OF ESTI-	CT. 27 19 85	
0	19	3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN			ATE MC	CHIH UAY YEAR	2d HOUR
		FFN	ALE	WHITE	OCTOBER 1	, 56 29	1	THS DAYS HOURS	MIN. PRON	OUNCED DEADOCTOBER	27 1985	10,30 A
1	Į		THPLACE (S)		OCTOBER 1		YRS.		9 RA	LTIMORE CITY OR C		I A M
14	A	ρ FOI	EIGN COUNTRY)					NED NEVER MAR	RIED L	_		
1	H		EBRASK		U.S.A.	PITAL, NURSING HO	WIDOV	, LD		ne Arunde	WORK 126 KIND OF BI	MD.
M	ł				(IF NOT IN SUCH FAC	ILITY, GIVE STREET ADDRES		TER HASTITOTION	FOR MOST OF	WORKING LIFE)	OR INDUST	TRY
兴	Į		en Bur		105 Ralp				HOME	MAKER	OWN HOM	E
11.6	ı	130 S	ATE	136 COUN	ITY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET AL	DDRESS		
	J		RYLAND		ARUNDEL	GLEN BUR	NIE	YES NO	105 RA	LPH ROAD	21061	
1 11	1	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIL	DEN NAME	MIDDLE	LAST	
H	J		ALBE		E.	BECK		BEVERL	Y	Α.	SPURRIE	R
	П	16a V	AS DECEASE	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUI	RITY NO.	17. INFORMANT H	USBAND	ADDRESS	SAME AS	
1	ı		NO	N/		212.74.0	521		AM J. ST	ARR. SR.	# 13	
			18 CAUSE O	F DEATH (Enter or	ly ane cause per line	far (a), (b), and (c).)					APPROXIMAT BETWEEN ONS	TE INTERVAL
4	ı		PARTIDE	ATH WAS CAUSE	D BY:	terioscle	rotic	cardiovas	cular di	sease	BETWEEN GIVS	ET AND DEATH
0			C 16 2			AS A CONSEQUENC						
REM	М			ns, if ony, which							To the state of	
ŏ			cause (a)	stating the under		AS A CONSEQUENC	E OF					
Ž.			lying cau	se last.	(c)							
ATIC	ı		PART 2 DIHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE T	ERMINAL DISEAS	SE DR CONDITION GIVEN IN I	PART 1 o			
SEA.	I	Z C										
, —	1	CERTIFICATION	19a DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OF	ERATION W	VAS PERFORMED?			20 AUTOPSY	(?
RIA	1	IFIC			auto to						YES X	NO 🗆
8	d	ERT	21a EXTERNA	L CAUSE WAS	21b. TIME OF			OW INJURY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM 18 PART		110
RT		ALC	UNDERLYING	OR NG CAUSE OF	HOUR A.M.	MONTH DAY YE	AR					
8	1	MEDICAL	21d INTURY C	CCURRED		PFINJURY (AT HOME	211 LC	CATION				
0.0		ME	WHILE	NOT WHILE [STREET, FACTO	ORY, FARM, ETC.)		STREET	CITY	OR TOWN	COUNTY	STATE
212			AT WORK	AT WORK				(3)				
BALTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.			220 I certi		ge of the remains desc	ribed abave, held ar	Autap	osy X Inspect	ian . Inq	uiry . and in	my opinion	
YE			death result	ed ly m: Natu	ral causes X,	Accident .	Suicide	. Hamicide	Undetermine	d manner .		
A A			ACTUAL	Ma	00			TITLE (SPECIFY)				
4	7		SIGNATURE.	AIN	XX	1	N	AD Assistan	t_MEDICALE	XAMINER S	DATE SIGNED 10-28	-85
8			EXAMINER'S	NAME 3				444	D. 01	D 21	100 0100	1
E_	1		(TYPE OR PRI	Ann Ann	M. Dixon,	M.D.		ADDRESS 111	Penn St	., Balto.	, MD 2120	1
BA		230 BI	IRIAL, CREMA	TION, REMOVAL	OCTOBER 3:	23c. NAME OF	EMETERY C	OR CREMATORY	23d. LOCATIO	N N	COUNTY S	STATE
		,	BUR		1985		PARK	CEMETERY	BALTIM		CITY MARY	
7		24 Ft	NERAL DIREC	TOR #	Walows.				REC'D. BY REGIS		AR'S SIGNATURE	.2
(5))		ST		FUNERAL	HOME, GL	N BURNTE	MARV	LAND UCT	2 9 1985	Sharter	THE PERSON NAMED IN	



002/	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	27005
1097		CEASED NAME FIRST ROBER	Joseph	BIAGIOTTI	26. DATE OF DEATH	MONTH DAY YEAR 126 HOUR 934 AM
pog pog	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I YEAR IF UNDER 24 HRS
s offi		Male	Cauc.	8 22 1935	50	YRS. DAYS HOURS MIN.
unerol dir un 72 hou	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	75. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF	county of DEATH
ed with		Glen Burnie	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION OF WORK FOR MOST OF	DN 12b. KIND OF BUSINESS OR
1055	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b COU	PROTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY 13c. CITY OR TOW A.A. Glen B	I 13d. INSIDE CITY LIMITS? Urnie YES NO 12 15. MOTHER'S MAIDEN NA	13e STREET ADDRESS / 405 Linco	ZIP CODE oln Ave. 21061
8 B (2)		Joseph	Biagiotti	Madelin	е	Spigarelli
Poges medical		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES) 16b. SOCIAL SECULAR SE		A. Biagio	405 Lincoln Av
the attending by the attending cose remove carbo of cremotion, ar re rother traumotic er		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEOU (c) (ED BY: (DUE TO, OR AS A CONSEOU (c)	ENCE OF	REC	Tun MONTHS
signed Then ple to burion	N N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 1101
Dermit Dermit 2 No. 2 Only 2 O	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	206 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ding physicio ding physicio is certificate h buriol-transit p Mentol Hygies or Item 18 sho.	MEDICAL CERT	210, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI LIF EITHER, NOTIFY MEDICAL EXAMINI	EATH HOUR A.M. MONTH D ER) P.M.	19		
offending ter this is the bu	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (A1 HOME, STREET, FACTORY, OFFICE, I	21f LOCATION STREET	CITY OR TOV	VN COUNTY STATE
TTENDIN pital or TOR: Af for use of Health		22a certify that (1) (this hasp	n 92 19 19 or view the body ofter death	5, and that in (my) our) opinion	death occurred on the do	te and hour and from the causes stated
by the hos by the hos lERAL DIREC se detached State Dept.		226 SIGNATURE VICTO	-G Vogel		MEDICAL STAF	FIAND 10/2/85
to FUNERAL should be der with the State		VICTOR G	VOGEL	600 N. WOLF	EST. BAL	TIMORE. 21205
5 ⊢ 2 ≥	23a	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE_
3P		Burial	10-5-85 G1	en Haven Mem P	k Glen Bu	rnie (A.A.), Md.
MH - 16 50M 4/83		UNERAL DIRECTOR	ink Glen Rur	nie Md	3 185°	ST SECUS IS ADVICED VAN PE

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(VRA 15, 4)

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231 NAME OF CEMETERY OR CREMATORY

Glen Haven Mem. Pk.

DHMH - 16 60M 7/84 (VRA 15, 4)

Raymond C. Fink Glen Burnie, Md 21061

10/8/85

236 DATE

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

Glen Burnie

Md.

22c DATE SIGNED

COUNTY

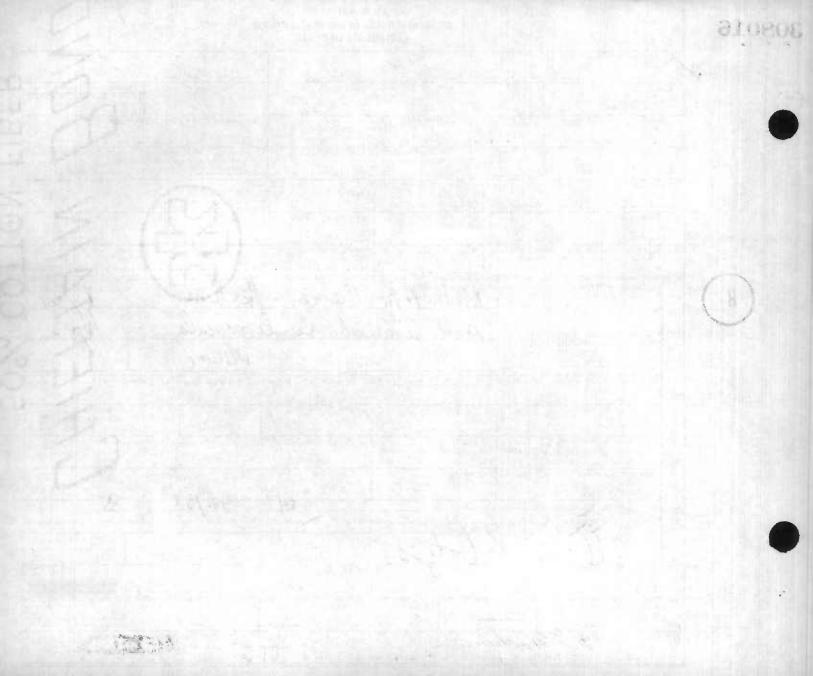
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	and of			

DHMH - 16 60M 7 84 (VRA 15, 4)

1	REGISTRAR		CERTIF	ICATE OF DEATH	RE	G. NO.		
	CEASED NAME FIRST	WIDDIE		AST	20 DATE OF DEA		DAY YEAR	2b HOUR
	CARRIE	ELIZABETH		BOPP	OCTO	BER 29,	1985	10:50 Am
3.5E		4 RACE	5. DATE C		6. AGE IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	
1	FEMALE	WHITE	APRI	L 26, 1895	90) YR		HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIED	9 BALTIMORE C	TY OR COU	NTY OF DEATH	DAME I
1	MARYLAND	U.S.A.	WIDOWE		ANNE A	RUNDEL	COUNTY	MD.
A	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCI		G LIFE) INDUSTRY	
60	ILLERSVILLE	KNOLLWOOD MANOR		ING HOME	HOMEMAKI	ER	OWN	HOME
13a. S MA1	RYLAND ANNE	ARUNDEL GLEN BUF	N	13d INSIDE CITY LIMITS? YES NO 🔏	13e STREET ADDR			1061
III FA	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	ME	DLE	L	AST
/	HARRY EVE	RETT MARROW		ANNIE		LAURA		OUNG
		MED FORCES? //E WAR OR DATES) //A 215.10.7		MR. EARLE E.	BOPP L	WEST NTHICU	MAPLE RI JM HEIGH	21090 TS,MARYLAN
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line for ia /(b), an		Carren -	Rectu	in	APPRO BETWEEN	XIMAYE INTERVAL
CATION	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	DEATH BUT		DIPLO INAL DISEASE OR 200 AUTOPSY	20b. IF	GIVEN IN PART 1 YES, WERE FIND RTIFYING CAUSE	INGS USED
CERTIFICAT	21a. ACCIDENT WAS UNDERLYING	71b. TIME OF INJURY		21c HOW INJURY OCCURR	YES NO		YES 🗌	NO 🗆
11 2	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	THE TOTAL MODELL OCCURRENCE	LEWIER NATURE	IF IN JOKE IN TIEM	IS PART TORPART 2)	
MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F		211 LOCATION STREET	CIT	OR TOWN	COUNTY	STATE
	NOT WHILE			0.1		10	Cor	
		tal) attended the deceased fram _		19 44	, to	120	19_03	that (I) (we) last
	above, (II) 100 to I did no	t) view the bydyfatter feath.		nd that in (my) (85) apinian a	death accurred an	he date and		
	Elles	1 Solate	les	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	OCT	OBER 29,
	224 PHYSICIAN'S NAME OWES			22e ADDRESS				
-	DR. ELLIOTT GO			7845 OAKWOOD			LE, MARYI	AND 21061
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	NOVEMBER 2		EMETERY OR CREMATORY HEDRAL CEMETE	23d LOCATION CITY OR TO BALT	VN	CITY N	MARYLAND
	UNERAL DIRECTOR 9	HOME, GLEN BURN		1526	E REC'D. BY REGIS	RAR 25b REC	W DELTE SIGNA	TURE.



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2 -	1 may be
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	hours after death. Page 4
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARY

m.72 hour after death TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the buriol-transit permit. Then please remove carbompopes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, it

TENDING PHYSICIAN: The

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(VF	AS	5, 4)	

BP_

		REGISTRAR				CEKTIFI	CATE OF DEATH		REG NO.					
		CEASED NAME	FIRST	MIDDLE		LA	LAST		DATE OF DEATH	DAY YEAR 25 HOUR				
	{TYPE	OR PRINT)	Susie	ie E		В	Botts		October 10 19		.985	185 10 45 PM		
	3 SEX	X .	4.	RACE	1-2-25	S. DATE O		6	AGE (IN YEARS LAST B	RTHDAY)	MONTHS DATS	IF UNDER 2	4 HRS	
1		Female		White	2	Feb				84YRS				
		IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8					NEVER MARRIED	9	BALTIMORE CITY	OR COUNT	Y OF DEATH			
		ashington	n DC	USA	F	WIDOWE			Anne Aru	undel			MD.	
7	10 CI	TY OR TOWN OF DEA	TH HTA		HOSPITAL, NU		ROTHER INSTITUTION		USUAL OCCUPA			OF BUSINES	SOR	
	A	nnapolis		Pleasa	ant Li	ving N	ursing Ho	me	Housew:	ife	Own	Home		
1	130 S	AL RESIDENCE (IF NURS	130 COUNTY	HER INSTITUTION	130. CITY OR	EFORE ADMISSION)	13d. INSIDECITY LIMITS	3? 13	e.STREET ADDRESS	/ ZIP COL	DE .			
	M	aryland		Geo		ngside	YES NO		4411 Maj	ole F	Road	2074	6	
9	M FA	THER'S NAME FIRST	MID	DLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE		LA	st		
L	The same of	Romeo		-	evers		Lill	ie			Stev	Stewart		
7		VAS DECEASED EVER	IN U.S. ARME		166 SOCIALS	ECURITY NO.	17 INFORMANT		ADDI	RESS				
4		No			579-1	0 - 8718	Ellarose	Bo	tts	Same				
1		18 CAUSE OF DEAT	H Enter only	one couse per	line for (0), (b	ond cil					BETWEEN	MATE INTERVIONSET AND D	EATH	
		PARTI, DEATH W	IMMEDIATE (jerda	orosp	valory 7	all	we.		1	S-		
		1911 19 3		DUE TO, O	R AS A CONSE	OUENCE	- 1	,	0	0		_/		
		Conditions, if ony		(b)_	15/24	orcker	The Care	tion	assula	STUS	eas c	Jears	/_	
H		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
		underlying cause last (c)												
	7	PART 2 OTHER SIGN	VIFICANT COI	NDITIONS C	ONTRIBUTING	0	NOT RELATED TO THE T	ERMINA	AL DISEASE OR CO	NDITION G	IVEN IN PART 1	10		
-	CERTIFICATION	Chrone	Diregel	melo	grain.	rain syn drone				EC MEDE CHIO	WERE FINDINGS USED			
1	FICA	190 DATE OF OPERA	TION	196 COND	DITION FOR WHICH OPERATION WAS PERFORMED				IN CERTIFYING			S OF DEATH	H?	
	RTII		BERLUNIC	21b. TIME C	E INTHURY		121. HOW IN HIRV OC	CHROCO	YES NOW		res 🗌	№ □		
1		OR CONTRIBUTING			M. MONTH	DAY YEAR	21c HOW INJURY OC	CURRED	(ENTER NATURE OF IN	IURY IN ITEM 18	PART 1 OR PART 2)			
	MEDICAL	HE EITHER NOTIFY MEDI			M.	19	211 LOCATION		-					
	MED	21d INJURY OCCURRED WHILE NOT WHILE (AT HOME STREET, FACTORY OFFICE FARM.			FICE FARM ETC)	STREET		CITY OR 1	COUNTY	COUNTY STATE				
		AT WORK AT WO	ORK -	1		M	/ (2- 19	7-1	7.	en.n	- Ce			
		22a I certify that (1)			m / 12	an	d that in (my) (awg apir		,	KIO and he		, that (I) (
	1	sow the deceos obove, (1) (see) (1 22b, SIGNATURE	did) (did not) v	view the body	ofter death.		DEGREE					E SIGNED	eu	
	1	220. SIGNATURE	/-	200	2011	1	NO ATTENDIN PHYSICIA	G /		AFF	20. DATE	111/6	-	
1		22d, PHYSICIAN'S NAME (TYPE OR PRINT)					PHYSICIA 22e ADDRESS	N D D	PHYS	ICIAN [Branc	275.77 0		
									T.7- 7 - 3	014.		гХМТII		
_		Thomas					Brandywi	_	Waldorf	Clin	ilc,		Mc	
		Burial, CREMATION,	REMOVAL	236 DATE 140ct			Hill Ceme		23d LOCATION CITY OF LOWN	+122	d COUNTY PG	St	Md	
		UNERAL DIRECTOR		14001	.03	Cedal			EC'D. BY REGISTRA	tlan			- Id	
	29 FL	NAME RODE	ert E	Wilhe	lm ADDR		- 111	T I	6 995	A. A.	IKAK S SIGNA	TORE		
		Fune	ral	Home		Suitla	and, Md			Tones of	enjagnyky	andom		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 312012 DECEASED NAME 20 DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) OFDON 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS BALLIMORE CITY OR COUNTY OF DEATH L CITIZEN OF WHAT MARRIED L NEVER MARRIED DIVORCED 126 KIND OF BUSINESS OR LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS 13d. INSIDE CITY LIMITS BALTIMORE, MARYLAND 15 MOTHER'S MAIDEN NAME MIDDLE 0 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT YES, GIVE WAR OR DATEST CAUSE OF DEATH Enter only one couse per line for 10 , 1b , and ic BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to AND NEOUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) ntol Hye 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY 0 AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a I certify that (1) (the hospitals attended the deceased from sow the deceosed olive on October 2 obove. (I) (we) (did) (did not) view the body ofter deot and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DAJE SIGNED ATTENDING MEDICAL STAFF old be deta FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 27d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 23b. DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION BP DHMH - 16 60M 1/75 (VRA 15 (4))

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298028	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH	0 1 3
by the funeral director. page 3 siled within 72 haurs other death notified at once	3. SE2	CEASED NAME FIRST MIDDLE BLAST 20 DATE OF DEATH MONTH DAY EX	
MORE, MARYLAND A record within 24 militadion And 2 should be medical examiner must be made and a second must be mus	14. F.4.	ATHER'S NAME AND LET BLOOKED TO THER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) ATHER'S NAME AND LET BLOOKED BY AND LET BOOKED BY AND	Rd, 21076
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DIVISION OF VITAL RECORDS. OR ATTENDING PHYSICIAN: The law require hospital or ottending physician. DIRECTOR: After this certificate has been significated for use as the buriol-transit permit. There Dept. of Health and Mental Hygiene prior to be them 21 is marked or item 18 shows any injury it them 21 is marked or item 18 shows any injury.	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 10 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21l. LOCATION STREET CITY OR TOWN 21l. HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21l. LOCATION STREET CITY OR TOWN 22l. I LOCATION STREET CITY OR TOWN 22l. I LOCATION CITY OR TOWN CITY OR TO	OUNIY STATE
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Carl IT MAY & MINEY CHAL KINNY Emale Chite Mills CHIS Ger Burne Noth inunder Haspital Scientimes Gernot 1857 MD HAR HENDER X PORChibe Rd 21076 - Charle Melect Blates - MAIN Malland · No 2 - 21-21-152/ Restand W. Brynny - 24-58 The second of Part and the second sec If The English to be the December 110 for the Sont in 1918 Later Hiller Friday Trans Pate 120 In the territal Chapet This socks Me

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21701

STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYCIENE

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		CEASED NAME	FIRST		MIDDLE	Į.	AST		20 DATE OF DEATH MON	TH DAY	YEAR	26 HOUR
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6	3. SE	X	BOILIE	4. RACE	200	S. DATE C			6. AGE (IN YEARS LAST BIRTHDAY		NDER I YEAR	IF UNDER 24 HRS
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alt		RTHPLACE (STAT	E OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	(? 8 MARRIE	D NEVER MARRI	IED 🗆	9 BALTIMORE CITY OR CO	UNTY OF	DEATH	
06L		ansas		U.	S.A.	WIDOWE			ANNE ARUNDEI			MD.
KIL	10 C	O CITY OR TOWN OF DEATH		(IF NOT IN SUCH FACILITY, GIVE STREET A			G HOME OR OTHER INSTITUTION ADDRESS)		120 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] INDUSTRY			F BUSINESS OR
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Sows o	TIFIC								YES NO	CERTIFYIN YES	_	OF DEATH?
tem 18 sh	MEDICAL CER		CAUSE OF DEA	P.	M. MONTH M.	DAY YEAR		OCCURRE	ED (ENTER NATURE OF INJURY IN	TEM 18 PART	OR PART 2)	
rked or	MED	WHILE AT WORK	T WHILE T	21e PLACE	OF INJURY REET FACTORY, OFFICE	FARM, ETC }	21f LOCATION STREET	ger Li	CITY OR TOWN		COUNTY	STATE
of Heart		220 I certify the		ol) oftended the	e deceased fram		nd that in (my) (our)	S S S	eath occurred an the date of	, 19_ nd hour an		that (1) (wellast causes stated
ote Dept		22b. SIGNATURE	EB	Ke	2	ans.	DEGREE ATTEN	IDING- ICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN		22c. DATE	14/82
with the Sto		22d PHYSICIAN	S NAME (TYPE O	R PRINT)			22e ADDRESS	95 A	QUAHART ROAD	#203		
with the State [ROBERT	B. KRC	OPNICK,	M.D.				BURNIE, MARY		21.061	
3 ₹		BURIAL, CREMATI		23b. DATE		NAME OF C	EMETERY OR CREM		23d LOCATION			
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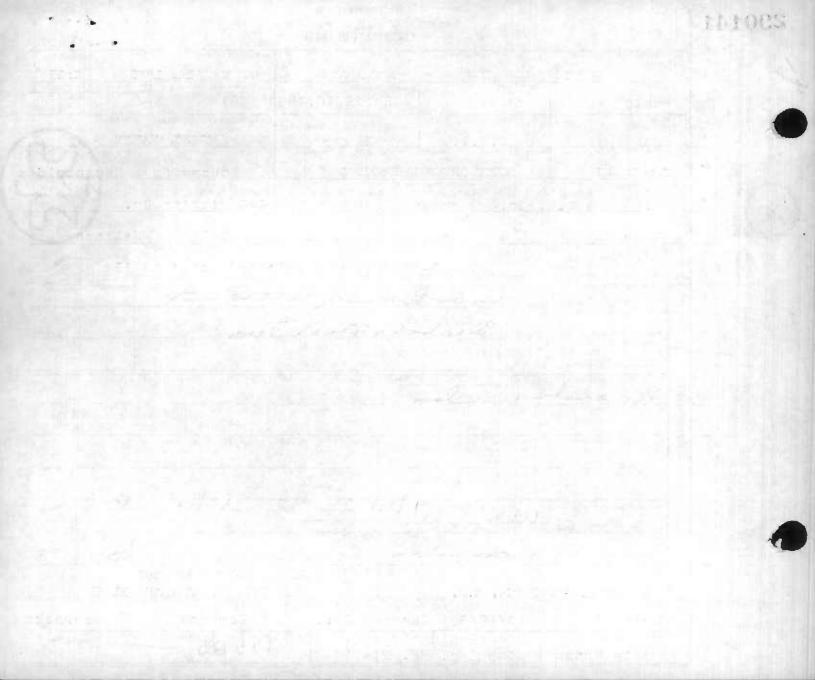
(VRA 15, 4)

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

12 Ridgely Ave. Hardesty Funeral Home Ann. Md. 21401

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN N MONTH 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED DOCT. DATE OF BIRTH 6 AGE (IN YEARS 2d HOUR IF UNDER 24 HRS 2c. DATE DAY YEAR LAST BIPTHDAY) PRONOUNCED DEAD OCTOBER JAN. 22 26 FEMALE YELLOW 59 YRS 7a BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. CHINA WIDOWED . DIVORCED ANNE ARUNDEL I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY HOUSEWIFE OWN HOME 21144 136 COUNTY 13a STATE 13r CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND ANNE ARUNDEL ever NO X YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST UNKNOWN UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? TAB. SOCIAL SECURITY NO 17. INFORMANT HUSBAND **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 558-40-3342 SAME AS #13 N/A MR. HERBERT H. CAMPBELL NO CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION DATE OF OPERATION 20 AUTOPSY? YES -210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 218 PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion TO MEDICAL EXAMINE
EXECUTETHE CERTIFIC,
PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BALTIMORE, MARYLAN death resulted fram: Notural couses Homicide Undetermined monner TITLE (SPECIFY) EXAMINER'S NAME WilliamP. Jones, M.D. 695 America Crt., Davidsonville, Md. 21035 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION OCTOBER 10, GLEN HAVEN MEMORIAL PK GLEN BURNIE A.A. MARYLAND BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 SINGLETON FUNERAL HOME GLEN BURNIE, MARYLAND (VR A15 ME (5)) - WE WINGTED 20M 4/B2

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

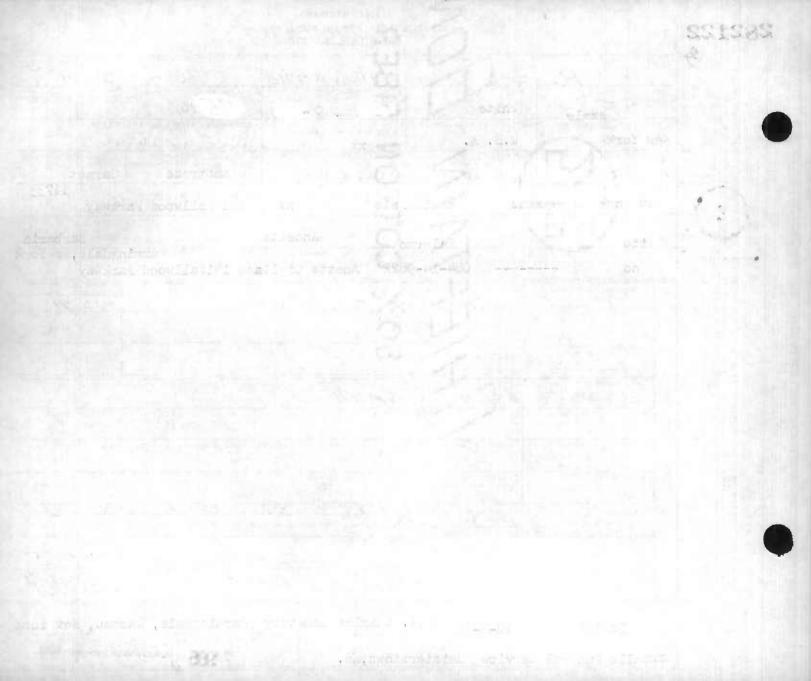
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	(TYPE OR PRINT) ROS	se.	Ca	Ravaggio	10	-4-85	4.20						
ı	3. SEX	4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER 1 YEAR	HOURS MIN.						
	Female	White	1	-22-1909	76	YRS DAYS	HOURS MIN.						
1	76. BIRTHPLACE (STATE OF FOREIGN COUNTRY) New York	U.S. A.	MARRIEI WIDOWE	D LI NEVER MARRIED L	BALTIMORE CITY OF COUNTY OF DEATH								
2 4 3	OCITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, O	ME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OT IN SUCH FACILITY, GIVE STREET ADDRESS) DE ARUBEL GENERAL HOSP. Seamstress										
/	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDE	NCE BEFORE ADMISSION)				11735						
1	New York Nas	ssau Far	or jown rmingdale		181 Fallwe	zip code ood Parkway	9999						
1	FATHER'S NAME FIRST		LAST	15. MOTHER'S MAIDEN NAM	WIDDIE	r V	Barbaria						
ú	Vito WAS DECEASED EVER IN U.S. AR		Alermo	17 INFORMANT	ADDRES	Farmingdal	e NewYork						
7	(YES, NO OR UNKNOWN) (IF YES, GIV	ve war or dates) 084-	-14-9822	Anette Ciglia									
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one cause per line for io	a), (b), and (c).	mi alam		APPRO. BETWEEN	NIMATE INTERVAL						
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d		DUE TO, OR AS A CO	ONSEQUENCE OF										
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF										
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1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	R WHICH OPERATIO	n was performed	206 IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH? NO [
1	OR COLUMN THE CALLER OF DE	ATH HOUR A.M. MOT		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART OR PART 2}							
	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJUR (AT HOME STREET, FACTOR		211 LOCATION STREET	CITY OR TOW	'N COUNTY	STATE						
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	sow the deceased alive on above (D) we) (did) (and me	_10-3	19.85 or	nd that in (my) (our) apinion d									
H	22b. SIGNATURE	n. 6/2//	mn	DEGREE ATTENDING	MEDICAL STAFF		E SIGNED						
7	ZZd PHYSICIAN'S NAME ATTPE	OR PRINT)	////	PHYSICIAN =	AC OLL	AND ROLL	2000/11						
	6 Mitcl	19//		203 RIP	123d LOCATION	- me	Likes						
	236 BURIAL, CREMATION, REMOVAL	COUNTY	STATE										
	Burial	10-8-85	St. Cha	rles Cemetery	Farmingda	le, Nassau,	New York						
	24 FUNERAL DIRECTOR			25a DATE	REC'D. BY REGISTRAR 2	SL REGISTRAR'S SIGNA	RAR'S SIGNATURE						

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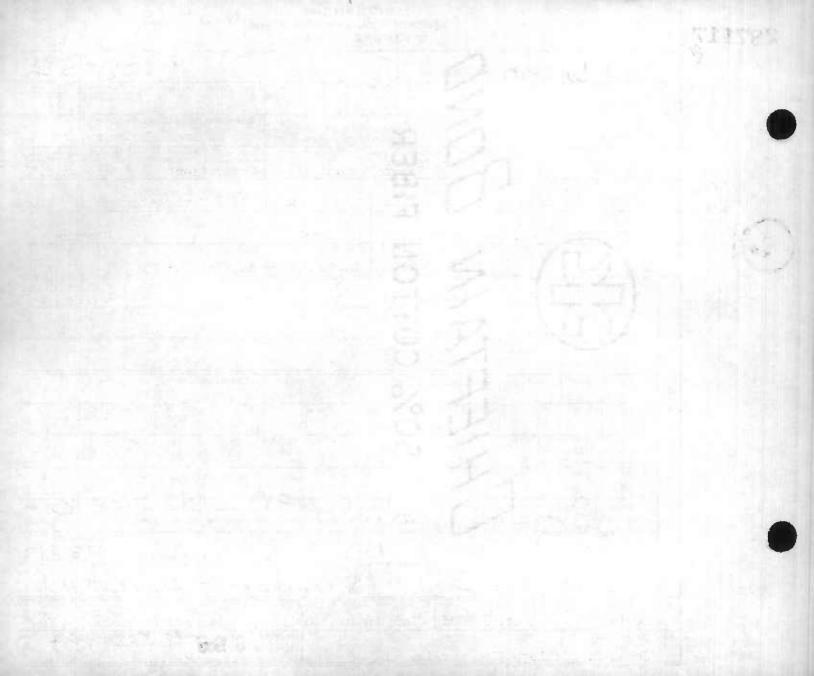
Marzullo Funeral Service

Reisterstown, Md.

250 DATE REC'D. BY REGISTRAR 251, REGISTRAR'S SIGNATURE



			FOR UNK	NOWN	#85-	82		DEPART			F MARYL	AND MENTAL	HYGIEN	E hi		2 7	1 0	1	7	
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	IS NECESSARY, PLEASE E-FUNERAL DIRECTOR. E-S-FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET.	3 SEX		4. RACE		5. DATE C	OF BIRTH	YEAR	6. AGE	IN YEARS IF	UNDER 1 YE	NDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONT						DAY YEAR 2d. HC		
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DIVISION	AR AS	MEDICAL	CONTRIBUTION	VG CA	USE OF D			10-				rian s	struc	k by	auto).				
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		b	22a I certif	y that I ta	ak charge	af the rei	mains des	cribed ob	ove, held	an Au	ead or	11Y Inspection	on .	Inquiry		and in m	зу ортпіоп			
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25M	DHMH - 17	24 F	INERAL DIREC	TOR								250. DATE	REC'D. BY	REGISTRA	AR 25b R	EGISTRAF	r's sign	TURE	ind .	
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	REGISTRAR			MIDDLE		ICATE OF DEATH	REG. N			EDI		
	EASED NAME	ROSE	۸	WIDDEE	DIC		20. DATE OF DEATH		2, 1985	26 HOUR 0825		
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F	emale		White		Marc	h 24, 1894	91	YRS	MOINTHS DATS	HOURS MIN		
	RTHPLACE (STATE OR F	OREIGN 71	L CITIZEN OF		TRY? 8	NEVER MARRIED	9 BALTIMORE CITY					
I	taly		U.S.A		WIDOWE	D NORCED			EL COUNT	10		
	GLEN BURN	NIE	(12 HOLDIENE	H" ARUN	DEL HOS	PTTAL	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewife			F BUSINESS O e		
Ma Ma	aryland	13b COUNT	Y	13c CITY OR		The Later Management of the La	13e STREET ADDRESS 326 Mage			146		
LFA	THER'S NAME	MI	IDDLE	LAS1		15. MOTHER'S MAIDEN NA	MIDDLE		LAST			
1	James			Centin		France		555	Gep	pi		
	VAS DECEASED EVER ES. NO OR UNKNOWN)		ED FORCES? WAR OR DATES)		4-8717	James Aquil	la Baltime		Road ID. 2120	6		
	PART I. DE ATH W	H (Enter only	one cause per	line for (a), (b	or, and (chi					MATE INTERVAL		
DUE TO, OR AS A CONSEQUENCE OF. Conditions, if any, which (b) Corplane he get faller												
CERTIFICATION	PART 2 OTHER SIGN	VIFICANT CO	PHOITIONS CO	ntributing	Vocal	NOT RELATED TO THE TERM ON WAS PERFORMED	INAL DISEASE OR CON 200 AUTOPSY?					
TIFE							YES NO		TIFYING CAUSES OF DEATH?			
CAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION CONTRIBUTIO	CAUSE OF DEATH	216 TIME O HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	D (ENTER NATURE OF INJURY IN ITEM 18 PART I ORF				
MEDI	21d INJURY OCCURE		21e PLACE (FICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE		
	22a certify that (I) saw the decease abave, (I) /me) (c					, 19, 19	, to death accurred on the d	late and hav		that (1) (we) la causes stated		
	226. SIGNATURE				d	DEGREE ATTENDING PHYSICIAN 122e ADDRESS 70	MEDICAL STA	CIAN 🗌	22c. DATES			
			ANDELW.	AL, M.	D.	/ -	NIE, MARYL		VAPOLIS .061	BLVD.		
	URIAL, CREMATION,				T-0-00-00-00-00-00-00-00-00-00-00-00-00-	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE		
	Burial		10/16/		New Cat	hedral Cemete	ry Baltimo	re	N	Marylan		
Le	royanM. & R	ussell	C. Wi	tzke F	meral H	omes P.A. 250 DAT	1 A ADOF	REGIST	RAR'S SIGNATU	JKE		

DHMH - 16 60M 7/B (VRA 15, 4)

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			CEASED NAME FIRST	MIDDLE	LAST	20. DATE KNOW OF ESTI-		DAY YEAR	
	S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. 5, WITHIN 72 HOURS WESTON STREET,		MARY	JOAN	DOREMUS	DEATH MATE	D U 10	6 1985	
	SECE	3. SE)	4 RACE	MONTH DAY YEAR		UNDER 24 HRS. 21. DATE DURS MIN. PRONOUNCED	HINOM	DAY YEAR	
.n.	ON ON THE	5	MALE WHITE	9-12-1958	27 YRS.	DEAD	10	6 1985	12:45 P M
	ESS. RAIL REST	7a Bi	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER	MARRIED 9 BALTIMOREC	ITY OR COUNT	Y OF DEATH	3500
	S NECESSAR FUNERAL I E 5 FOR YO D, WITHIN W PRESTO	10	ETROTT MICHIGAN	UNITED STATES	WIDOWED D		cundel C	ounty	MD.
	SEE SEE	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME, OR OTHER INSTITUTION	N 12a USUAL OCCUPATION FOR MOST OF WORKING LIFE		126 KIND OF E	
	PAGE 5 PAGE 5 BE FILED, OS, 201 W		verna Park	678 Kensingto	on Ave.	I.D. DEPT		EB.	I.
5	m = Day		L RESIDENCE (IF IN NURSING HOME OR TATE 136 COUNT)		EFORE ADMISSION) OR TOWN 13d. INSIDE (ITY L	IMITS? 13e. STREET ADDRESS		X114	6
2120	AND		MD. A.			40 0 678 KENSH	NOTON	AUE. U	lest
Ğ.	HHENSIA	14. F/	ATHER'S NAME	MIDDLE	AST IS MOTHER'S			LAST	
m,	A P ES	1	DONALD	Dof		NN	DOF	28 MI	15 ,
BALTIMORE, MD.	N S S S S S S S S S S S S S S S S S S S	16g V	VAS DECEASED EVER IN U.S. ARM		AL SECURITY NO. 17. INFORMAN		DRESS /	Kensin	2 TON HV
ALT	A A CA A A A A A A A A A A A A A A A A		NO -	212	766107 Dona	Hd DOREMU	SSEV	PK. n	AD.
	UKS WITH		18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b),	and (c).)				ATE INTERVAL
N S	95252		PART I DEATH WAS CAUSED	ECAUSE (a) Therma	al injury			DETINEET ON	
ots	CHELD	-		DUE TO, OR AS A CONS	SEQUENCE OF				100
84	200		Conditions, if any, which gave rise to immediate	(b)				1	
×	NAME NO		cause (a) stating the under-	DUE TO, OR AS A CONS	SEQUENCE OF				
201	SA A A A		lying cause last.	(c)					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	ULD BE EXECTED TO BE EXECTED FOR THE ALTH AND THE AND THE ALTH AND THE	2	PART 2 DINER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NOT RELAT	EO TO THE TERMINAL DISEASE OR CONDITION GIV	/EN IN PART 1 o			
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7	FICATE SHOULD STHE WORD "PE TO THE CHIEF A HOULD BE USED ARTMENT OF HE OR TO BURIAL,	N S	176 DATE OF OPERATION	198. CONDITION FOR W	MICH OPERATION WAS PERFORMED) ·		20 AUTOPS	
T ×	SE CREST	1 =	21g EXTERNAL CAUSE WAS	216 TIME OF INJURY	Tal How Burgeroo	CURREN		YES X	NO 🗆
90	A HE WEN TO B		UNDERLYING X OR	HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF HUJURY IN IT		łT 2)	
o N	FO. T 4/2	MEDICAL	CONTRIBUTING CAUSE OF DE	EATH 0:40 XXX 10~6		set self on fire	•		
N N		NE NE	21d. INJURY OCCURRED WHILE NOT WHILE	STREET FACTORY FARM ETG	C.) STREET	CITY OR TOWN		JNTY	STATE
۵	WRIT WARD WARD PAGE TATE D		AT WORK AT WORK	home	678 Kensii	ngton Ave., Seve	erna Pk.	,Anne A	Arundel
	111		22a. I certify that I taak charge	of the remains described abov	e, held an Autopsy X, In	spection , Inquiry ,	and in my ap	inion	MD
	WINER: HEICATE BE FOR CTOR: H THE		death resulted frame: Natura	al causes . Accident	, Suicide X, Hamicide	Undetermined manner			
	AR WIT		A. (2	TITLE (SPEC	CIFY)			
	SHOU SHOU SATH, ORE, M		SIGNATURE AVA	MIN	M.D. Assis	stant_MEDICAL EXAMINER	DATE	D_10-7-	85
	DEA ST.		EXAMINER'S NAME Ann	X					
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, A BARTIMORE, M	1	EXAMINER'S NAME Ann I	M. Dixon, M.D.	ADDRESS_11	1 Penn St., Balt	to., MD	21201	
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B	URIAL, CREMATION, REMOVAL 23	b DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUN	ATY .	STATE
07/84	BP	C	REMATION 1	U-8-85 WE	STVIEW MEM HA	RK WESTVIEW	BA	IT. (0.	MD.
25M	DHMH - 17	24. F	UNERAL DIRECTOR	50 JORES KITCH			REGISTRAR'S S	IGNATURE	
	(VR A15 ME (5))	LE	BARRANCE T. H	. SEVERNA!	PARK, MD 21146	JG 18 4 1865 50	onical horizon in	winted brief	3

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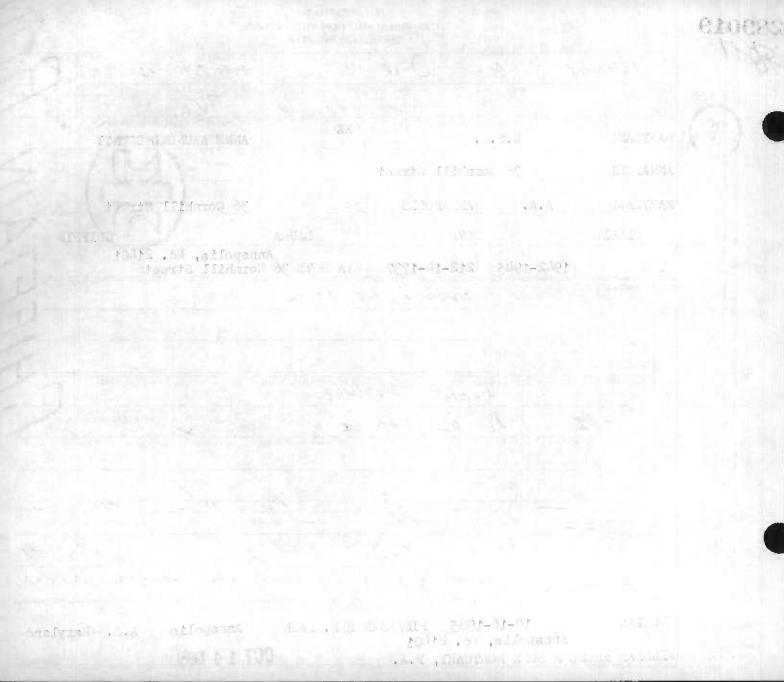
l	REGISTRAR			CERTIFICATE O	F DEATH	REG. NO).				
	DECEASED NAME	FIRST	MIDDLE Do	VE LAST		OCTOSEN	MONTH DAY	19 ff	2b HOUS A		
-	SEX B	4. RACE	5	S. DATE OF BIRTH	Y YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF L	UNDER ! YEAR	IF UNDER 24 HRS HOURS MIN.		
ъ.	BIRTHPLACE (STATE OR F	10.2334.7	WHAT COUNTRY?	MARRIED TXXEV	ER MARRIED	9 BALTIMORE CITY O					
ь	MARYLAND	U.S.A		WIDOWED	DIVORCED [ANNE ARUN			MD.		
п	NNAPOLIS	(IF NOT IN SI	HOSPITAL, NURSING JCH FACILITY, GIVE STREET AC PRINTILL STR	ODRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
1	MARYLAND	ING HOME OR OTHER INSTITUTION 136 COUNTY A.A.	13c CITY OR TOWN	ANNAPOLIS 13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS / ZIP CODE ANNAPOLIS YES NO STREET ADDRESS / ZIP CODE 36 Cornhill St							
1	4. FATHER'S NAME WILLIE	WIDDLE	DOVE LAST	15. MOTH	ER'S MAIDEN NAM	MIDDLE	U.I	GRIF			
	YES NO OR UNKNOWN)	IN U.S. ARMED FORCES?	212-14-17	napolis, DDM Cornhill St	1. 2140 reet	1					
	18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
	PART 2 OTHER SIGN	TION 196. CON	EAN DITION FOR WHICH O	PERATION WAS PE	-	200 AUTOPSY?	20b. IF YES, W	YES, WERE FINDINGS USED			
1	1902	RE	cTAL C	DNCER		YES NO NO	IN CERTIFYING CAUSES OF DEATH?				
	OR CONTRIBUTING CIPETHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WAT AT WORK AT WORK 22a I certify that (I) sow the decease	CAUSE OF DEATH CALEXAMINER) RED 21e PLACI (AT HOME. S (1) they hospital) oftended	1 19	YEAR 19 21f LOC SI	ATION REET 19	CITY OR TO	vn	COUNTY STATE . 19 , that (I) (we lot d hour and from the causes stated			
	226. PHYSICIAN'S NA	AME (TYPE OR PRINT)	r, m	7. DEGREE	Server .	MEDICAL STAF		22c DATE :	IL &		
1	DONOL	sc. Ro	ont no	0, /6	16 Fonts.	I ON A	napo	err .	44.3		
1	BURIAL CREMATION,	23b. DATE 10-16-		ELAWN MEM		23d LOCATION CITY OR TOWN		OUNTY	STATE		

MPORTANT: If them 21 is

10-16-1985 PIN Annapolis, Md. 21401 WILLIAM REESE & SONS MORTUARY, P.A. DHMH - 16 60M 7/B4 (VRA 15, 4)

COUNTY STATE Annapolis
D. BY REGISTRARISS. REGISTRARISSIGNATURE LAND

a me alwistern-Alandone



(VR A 15 (4)) 9/74

(VRA 15, 4)

DHMH - 16 50M 4/B2

(SPECIF Burial

226 SIGNATURE

24 FUNERAL DIRECTOR

22d PHYSICIAN'S NAME STYPE OR PRINT

23a BURIAL, CREMATION, REMOVAL 23b. DATE

Raymond C. Fink

saw the deceased state on 18/0 obove, Artwe) (did (did not) view the body after death.

RENTAMIN.

Glen Burnie, Md 21061

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

Friendship Cemetery Glen Burnie

653 OLD MILL ROAD

and that in (my) (aur) apinion death occurred on the date and hour and fram the causes stated

MEDICAL

PHYSICIAN PHYSICIAN

ATTENDING

22c DATE SIGNED

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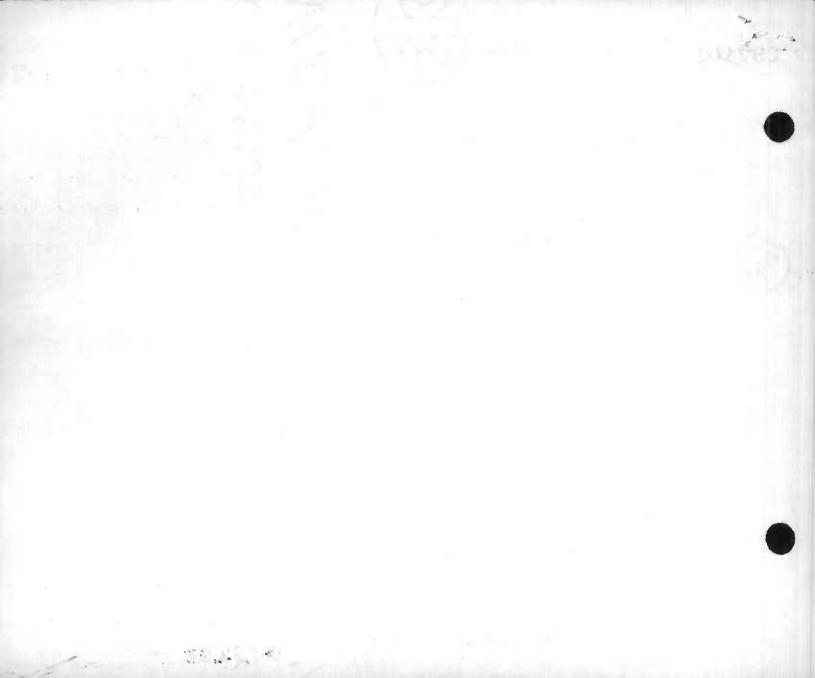
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Samond C 2 m Glen Burnie Md 21001

STATE OF MARYLAND



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29	7116		STATE REGISTRAR	ME	DICAL EXAM	INER'S C	ERTIFICATE C	F DEATH	REG. NO.		
. 21	H	1 DEC	CEASED NAME FIRST	N	WIDDIE	5d	wards	20 DATE KNO	OWN A MONTH	201955	
70	N STREET	3. SEX	M CAN	5 DATE OF BIRTH	YEAR LAST BIR	TRS. IF UNI	DER I YR. IF UNDER	24 HRS. 2c DATE MIN PRONOUNCED DEAD	MONTH 10	20 1985	R 2d HOUR
1	NERAL POR YOUR TON	FO	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF W		1	D NEVER MARR	IED 📙	CITY OR COU	NTY OF DEATH	T M
	DELAY IS TO THE U PAGE BE FILE DS 201	V	TY OR TOWN OF DEATH		SPITAL, NURSING HO			120. USUAL OCCUPATI	100	12b KIND OF B	TRY
21201	ANY DEL AND 3 TO RETAIN P HOULD BE RECORDS	USUA 13a. S1	L RESIDENCE (IF IN NURSING HOME		IVE RESIDENCE BEFORE ADM	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	Balto	.Md .212	voad 230
WD 2	NE SAN	14. FA	THER'S NAME	MIDDLE	BAIT		YES NO 1	EN NAME MIDDLE	Veb5	LAST	•
MORE	ロシンスサレし	16a W	GEORGE	MED FORCES?	Edward:	RITY NO.	Hanr 17. Informant	A	DDRESS	Wignal	<u>Ll</u>
4	WITH PAGE		Yes W.W.	WAR OR DATES)	214-10-9	9126A	Mrs.Jaco	quekine M.	Edward	smSame	as13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	CUTED WITHIN 24 HC "IN PENCIL IN ITEM "IN FARMINER ALONG JRIAL - TRANSIT PERM ND MENTAL HYGIENE TION, OR REMOVAL.		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA Canditians, if ony, which gave rise to immediate couse (o) stoting the under lying cause last. FART 2 OTHER SIGNIFICANT CONDITIONS	D BY: TE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENC	A3 LE OF	C, U, D DR CONDITION GIVEN IN PA	Arres	· 1×	APPROXIMA BETWEEN ONS	LTE INTERVAL SET AND DEATH
AL RECO	SHOULD BE EXE OND "PENDING CHIEF MEDICA E USED AS A BU T OF HEALTH AI URIAL, CREMA'	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH OF	PERATION WA	AS PERFORMED?			20 AUTOPS	Y?
ON OF VIT	THE WORD OF THE CHILD BE US RIMENT OF THE CH	CAL CERTIF	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY Y	EAR 21c HO	w injury occurre	D LENTER NATURE OF INJURY	IN ITEM 18 PART I OR I	YES T	NO []
DIVISION	E, WRITING E, WRITING RWARDED T PAGE 3 SH STATE DEPA STATE DEPA (, 21201 PRIC	MEDICAL	THE INJURY OCCURRED WHILE DOT WHILE EAT WORK AT WORK	21e PLACE STREET, FAC	OF INJURY (AT HOME TORY, FARM, ETC.)		ATION REET	CITY OR TOWN	C	OUNTY	STATE
•	AL EXAMINER: HE CERTIFICATE HOUID BE FOR AL DIRECTOR: TH, WITH THE SE, MARYLAND,		ACTUAL SIGNATURE	ral couses D	Accident .	Suicide ,	Homicide TITLE (SPECIFY) Deputy	Inquiry Undetermined monne	DATE	0/	185
	O MEDIC XECUTE TI PAGE 4 SH TO FUNER AFTER DEA		EXAMINER'S NAME Willia					erica Crt., Dav	vidsonvill	e, Md. 210)35
	BP	(5)	URIAL, CREMATION, REMOVAL PECIFY) Burial	0/23/85		Hill	Cemt.	Balto por	.A.Co.	Vid	delle
	DHMH - 17 (VR ATS ME (S))	-	NAME Cully Funera		.Md .21230		250. DATE	CT 22 1985	Jumper S	MONATORIA	alth-
	2014 4 / 02	THE	Autily Langue	T HOME.	TO TO TO	LUAVE	•		1/		

should be deto with the State [

DHMH - 16 60M 7/B4 (VRA 15, 4)

23b DATE

RECEP EROL.

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

23d. LOCATION

22c DATE SIGNED

NO |

7h HOUR

945

176 KIND OF BUSINESS OR

BAITO CITY

HORNE

IF UNDER 24 HRS

15, 1985

IF UNDER I YEAR

INDUSTRY

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

YES

COUNTY

I I S. AND VARY LEAD - SELECT FOR THE TOTAL

T.A. Hardesty Annapolis Maryland 21401

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

126. KIND OF BUSINESS OR

Household

Rd 21403

INDUSTRY

COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Mdin

Kidwell

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE

REGISTRAR

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200000	1.	FOR			DEPART	STA MENT OF		AARYLAN		YGIÈNE	5	2 7) 2	9
290068	1-	STATE REGISTRAR				EXAMIN				4	TLI.	3. NO.		
124		CEASED NAME PE OR PRINT)	FIRS	THOMAS	MIDDLE	Ε.	F	AZIO		20	OF ESTI-	NXX MONTH	85 ₁₉	26 HOUR
PR. FILEA DIRECTO SUR FILE 27 HOUR 27 HOUR	3. SE	ale	White	5. DATE OF BIRTH MONTH DAY March 12	YEAR . 1940	6 AGE (IN YE LAST BIRTHD		DER TYR.	IF UNDER		DATE RONOUNCED DEAD	10-9-	-85 ₁₉	4PM
PRESTOR A PRESTO	FC	IRTHPLACE (51. DREIGN COUNTRY) ennsylva		76. CITIZEN OF W	HAT COUN		8 MARR WIDOV	IED 🖺 NE	VER MARRI	IED 📙	BALTIMORE CI Anne Ari			AAF
FELAY ISN TO THE FU PAGE 5 86 FILED.	Pa	sadena	OF DEATH	1442 Co	lony	Rd.		IER INSTITU	TION	FOR MC	LOCCUPATION UST OF WORKING LIFE employe	(TYPE OF WORK	OR INDUS	STRY
AND SHOOT STREET	13a. S	Maryland	13b. CC	ome or other institution, G DUNTY nne Arundel	13c. CITY	e before admissi Y OR TOWN n Burn:		T3d. INSIDE (NXX	518	TADDRESS Stewart	Ave, 2]	.061	
ON THE SECOND	P	ather's NAME	EVED IN II C	MIDDLE ARMED FORCES?		LAST Zio CIAL SECURIT	VNO	F	ertha		WIDDLE		toecke	
S. AFER GIVE PAGER VISION	()	ES, NO, OR UNKNOV	VN) (IF YES.	etnam r only one couse per line	166	-30-83				neral	Service	RESS Hazel -26 W.2	nd.St.	
L RECORDS, 201 W. PRESTO. ULD BE EXECUTED WITHIN 24. "PENDING" IN PENCIL IN 11F. F. MEDICAL EXAMINER ALO. ED AS A BURIAL - TRANSIT F. HEALTH AND MENIAL HYGIT. AL, CREMATION, OR REMOVA.	Z	gove rise couse (o) lying cous	s, if any, wl to immed stating the <u>un</u> e last.	hich iote (b)	AS A COM	NSEQUENCE (OF OF							
F VITAL RECO	CERTIFICATION	19a. DATE OF				WHICH OPER		260	100		- Have		20 AUTOPS	
DIVISION O S CERTIFICA RRITING THE REDED TO THE SES SHOULD TE DEPARTME	MEDICAL CE	21d EXTERNA UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK	OR G CAUSE	OF DEATH P.M	MONTH		211. LC	CATION STREET	OCCURRE		TURE OF INJURY IN ITE	M 18 PART 1 OR PART		STATE
TO MEDICAL EXAMINER: THI EXECUTE THE CEPTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR: PAR AFTER PEATH, WITH THE STA BALTIMORE, MARPHAND, 217		220. I certification of the control	LOUP	horge of the remains designatural causes (X), arganita A.	Accident	Su Su	8.45	, Home		Undeter	Inquiry, mined monner [AL EXAMINER Street	ond in my apid , DATE 1 SIGNED	0-10-8	5
07/84 BP	(URIAL, CREMAT SPECIFY) urial	ION, REMOV	23b DATE 10-14-85	133	NAME OF CEA	METERY C	RCREMATO	ORY	23d. LOC CHY OR Butl	ATION TOWN er Towns	ship		state
25M DHMH - 17 (VR A15 ME (5))	24. F	UNERAL DIRECT		ADDRESS		1050 Y		u.	OCT	15	1985 Fun	A Davidson	MATURE	2.

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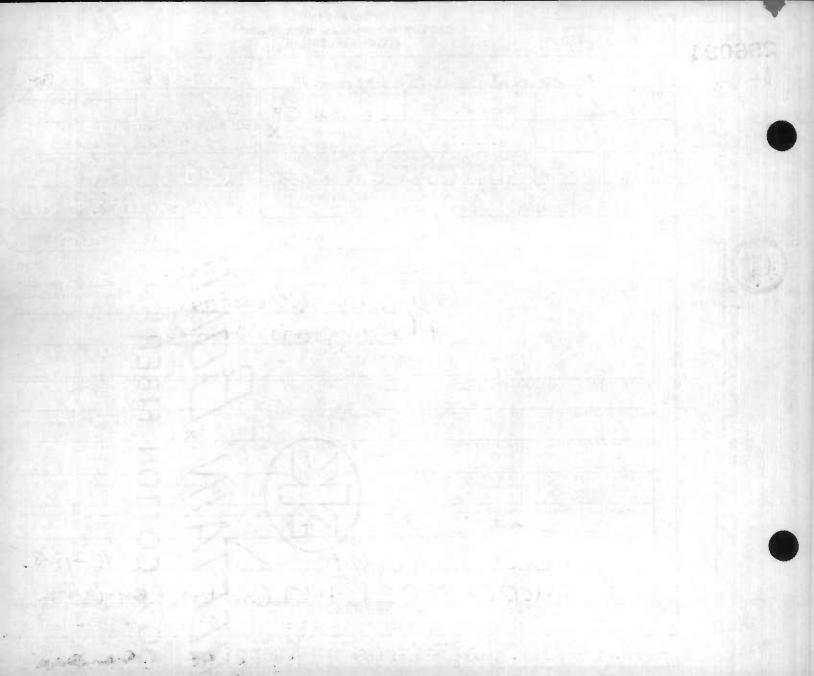
2831	17	1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF I	E OF MARYLAND BEALTH AND MENTAL H ICATE OF DEATH		REG. NO.	2 7	0	3 EMT	
10 1 2			CARL	FREI		WILLIAM	CART	ER	20. DATE OF DE	BER		1985	26 HOUR 500 AN	
m mo		3. SE	(4. F	RACE		5 DATE		6 AGE (IN YEAR	LAST BIRTHDAY) IF (INDER I YEAR	IF UNDER 24 HRS	
ge 4	. /		MALE		WHITE		Apri	1 10, 1905	80		YRS.		NOONS MIN.	
leoth. Po neral dir	35		RTHPLACE (STATE OR FORE COUNTRY) ARYLAND	ign 7b	U.S.A. WIDOW 11. NAME OF HOSPITAL, NURSING HOME (IF NO UNSHEEP ACCESSION OF THE ADDRESS OF THE			D NEVER MARRIED [HIM	CITY OR CO	NDEL	COUNT	TY MD.	
s offer of the full of the ful	194	10 C	GLEN BURNI						(TYPE OF WORK FO	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			of BUSINESS OR	
AND 212 24 hour filled in	2h	13a. S	MD.	HOME OR OTH COUNTY A.A.				13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 4 CARNENE DR. 21122					
MARYL ed	pol	C	THER'S NAME FIRST HARLES FRED!		WILLI			15. MOTHER'S MAIDEN IN FIRST CATHERINE		IDDLE		SPORE		
IMORE	4/	- 1	VAS DECEASED EVER IN VES. NO OR UNKNOWN) (1	U.S. ARMEI IF YES, GIVE WA N/A		218.22		JRITY NO. 17 INFORMANT (SISTER) ADDRESS 4218 CON 7611A MISS VICTORIA J. GANTER BALTIMORE						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death certificate are consistent to the low requires that the death certificate are consistent to the filled in by the breatface this certificate has been signed by the oftending physician and consistent permit Then please remove carbon papers. The permit permit Then please remove carbon papers.	s ony injury, or other tro	CERTIFICATION		liote the lost.	(c) NDITIONS_C		<u>DEATH</u> BUT	NOT RELATED TO THE TE		R CONDITIO	IF YES, W	ERE FINDIN		
N OF VITAL R SICIAN: The representation of certificate houred-trensit per	Hem 18 shows	MEDICAL CERTIFIC	21a ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE	SE OF DEATH	Ρ.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCI			YES [но 🗌	
NG PH) offer these os the b	th and M	MED	214 INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	C	TY OR TOWN		COUNTY	STATE	
R ATTENDI	pt of Heol em 21 is m		22a I certify that (I) (the saw the deceased a obove, (I) (we) (did) 22b. SIGNAFURE	olive on		10.4 19	\$5'.	nd that in (my) (our) opinion	on death occurred o	the date of	nd hour or			
TAL by th ERAL	TANT: If #		22d. PHYSICIAN'S NAME	E (TYPE OR PR	a heddy.			ATTENDING PHYSICIAN 22e ADDRESS	☐ DIRECTOR ☐	STAFF PHYSICIAN				
TO HOSP retoined TO FUNI	with the Stot	230 5	SHOBHA SHORE		M.D.	22.	NAME OF C	MILLER EMETERY OR CREMATOR	SVILLE, N		ND 2	1108		
BP			BURIAL					RE CEMETERY	CITY OR 1			OUNTY	MD STATE	
DHMH - 16 6 (VRA 15			INGLETON FU	119	Ula	rone		25a. D	CT 8 19	STRAR 25				

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3 . 4 Evangeline Cerchicoll Load States Land applicable of and showed Greek Asim A X Asim Same Co Paragraphs & Homeman to the Otto solour Dellagement extension and aming a contract contract contractions of the contraction of the contraction of the contraction of the contraction of the Elle Calles - Calles Lift Dong postal Total Zhannulle Tell ALL A STATE OF THE PROPERTY OF Texter warm Chape | Barragans mis

(VRA 15, 4)



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ifte	3 SEX 4. R
deoth Poge	76 BIRTHPLACE (STATE OR FOREIGN 76 (
offer dec	10 CITY OR TOWN OF DEATH 11.
02120	USUAL RESIDENCE (IF NURSING HOME OR OTHI 130 STATE 136 COUNTY
TO PERSON	Md RR 14 FATHER'S NAME FIRST MIDD
TIMORE, MA	160 WAS DECEASED EVER IN U.S. ARMED
BALTIMORE, cate be execut yis call only caper from the mode. It, the medical it, the medical it.	NO 18 CAUSE OF DEATH (Enter only or
W. PRESTON ST., or the death certhin y the ottending phy is remove carbong cremation, or remover traumatic even	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.
	PART 2. OTHER SIGNIFICANT CON GUSTUM 19 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING
O HOSPITAL OR ATTENDING PHYSICIAN! The low retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prior with the State Dept. is marked or Item 18 shows onto	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)
DING PHYSIC or offending After this cer se as the burio cilith and Ment morked or free	21d INJURY OCCURRED WHILE NOT WHILE TAT WORK
OR ATTENDIN he hospital or DIRECTOR: Af orbed for use of Dept. of Health	22a. I certify that (I) (this hospital) sow the deceased alive on obsee (I) (we) (did) (did not) vie
At OR A the hoss At DIREC detoched of Dept.	226. SIGNATURE
O HOSPITAL etained by it TO FUNERAL should be det with the State	MUSTAFA
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FOR STATE

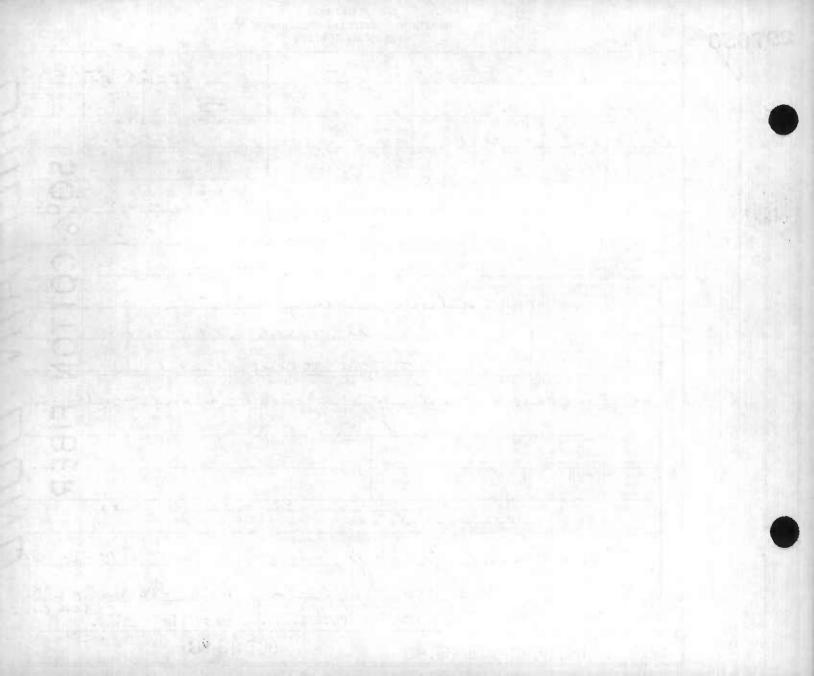
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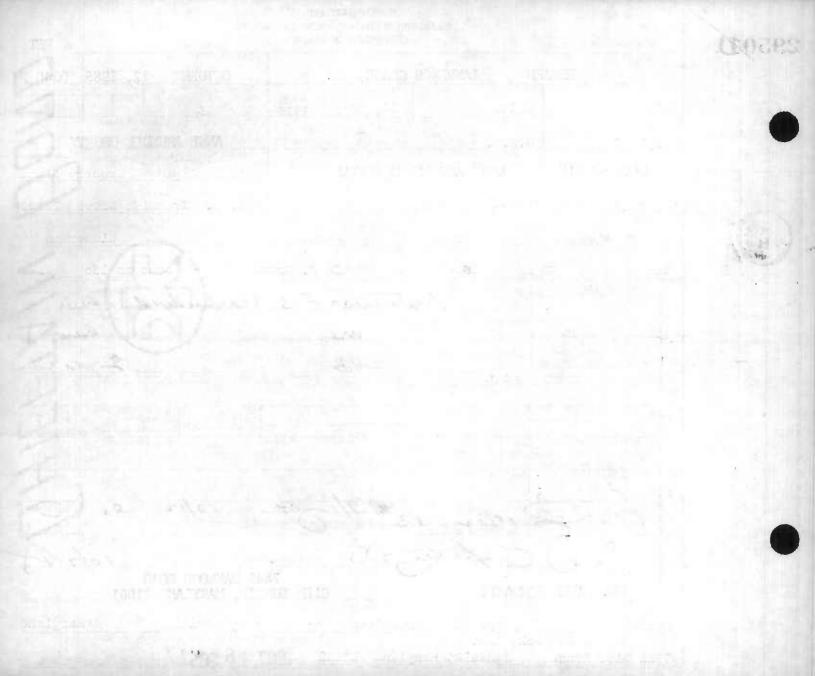
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MONTH DAY WIDDIE 2b HOUR 5. DATE OF BIRTH

1		Female	White	(5) 10	06 98	#5 87 YR	S. Bars Rooks	W/O		
ı		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH			
1	B	alto, md	USI	7 WIDOWE		AA	2.600	MD.		
J	10 CI	TY OR TOWN OF DEATH		AL, NURSING HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSIN	ESS OR		
4	Se	WERNA PAR	K merid	1An 159	CENTER	Homemaker	0 to 1			
ď	USUA 13a S		OME OR OTHER INSTITUTION GIVE RES		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	one 0.21-	108		
A		md_	ARCCO MI	1/22501/12	YES NO P	820 Cedara	relt Du	ne		
/	14 FA	THER'S NAME	WIDDLE	1241	15 MOTHER'S MAIDEN NAM	AE MIDDLE				
u	6	EORGE	PR	mPF	KATHRY	n	LUCAS			
٦		AS DECEASED EVER IN U.	S. ARMED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRESS				
	(1	No	52	7-32-8/8	Eugene F. G	iotsch, Jr. Sam	e as 13			
3		18. CAUSE OF DEATH (Ent	ter only one couse per line fo	riol, (b), and ic			APPROXIMATE INTE	RVAL		
		PART I. DEATH WAS C.	AUSED BY.	s. Coneso	L. D. Jon	allect				
1		1/4//4/(CONSEQUENCE OF				100		
		Conditions, if any, which		Aluo scla	ropic cando	in all and a	indale ec	4=		
Ì	-	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF								
1		underlying cause los		CONSECUENCE OF	18 teris	coloració				
1		PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION	GIVEN IN PART 110	-		
	20	aastone	1	2-1.	02000	10 610	Sen. 1200			
	CATI	19 DATE OF OPERATION	196. CONDITION F	OR WHICH OPERAT OF	N WAS PERFORMED		YES, WERE FINDINGS USE			
	CERTIFICATION					YES NO	RTIFYING CAUSES OF DEA			
3	CER	216. ACCIDENT WAS UNDERLYIN	110110 4 11 11	RY ONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)			
	AL	OR CONTRIBUTING CAUSE	OFDEATH	19						
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJ		21f LOCATION	CITY OR TOWN	COUNTY	STATE		
	×	WHILE NOT WHILE C] [AT HOME STREET FAC	TORY, OFFICE, FARM, ETC.)	JINCE!					
		22a. I certify that (I) (this	hospital) attended the dece		, 19. 82	_, to/	. 19 8) . that (l) (
		sow the deceased ali-	ve on	eoth 191, on	d that in (my) (our) opinion d	eath occurred on the date and	hour and from the couses st	oted		
		226. SIGNATURE			DEGREE	THE PART OF STREET	22c. DATE SIGNED			
		1 7 unt	all am	R. M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10.20	-85		
7		294 PHYSICIAN'S NAME	TYPE OR PRIME	0	22e ADDRESS			- MI		
		MUSTA	ca C-07	MD	605 Bx	A Blvd J.	Evenue por	rk		
		URIAL, CREMATION, REMO			EMETERY OR CREMATORY	23d LOCATION	ud	2116		
	(:	Cremation	Oct.21,19	85 Securit	y Process, Inc	· Catonsville	Balti. I	ND O		
	24 FU	NERAL DIRECTOR		ADDRESS	25e DATE	REC'D. BY REGISTRAR 256 REC	STRAR'S SIGNATURE	less:		
	J	ames S. Kirk	lev, Glen Bur	nie. MD	U	6 44 300				



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5041	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	EALTH AND MENTAL H	TYGIENE 8	S REG. NO.	2 1	/ 0	ა ST
21		CEASED NAME FIRST ORPRINT)	ARD I AV	RENCE	GD AC	E, Sr.		OCTOBER	ONTH DAY		06.40 .D
4 may or pop offer de	3. SE	X	4 RACE	TLIVEL	5. DATE C	F BIRTH		N YEARS LAST BIRTHD	DAY) IF		0640 AP
00	70 BI	RTHPLACE (STATE OR FOREIGN	White 76 CITIZEN OF WHAT	COUNTRY?	8	5 191	_ 9 BALTIA	65 AORE CITY OR	YRS.	FDEATH	
To the second	Ma	ryland	U.S.A.	AL NURSIN	WIDOWE			ANNE A		COUNT	Y MD.
超對		GLEN BURNIE	NORTH A	RUNDE	L HOS		(TYPE OF W	ent for most of w	VORKING LIFE)	INDUSTRY	ry Store
1月18	130. 5	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU ryland Anne		TY OR TOW Sadena	N I	136 INSIDE CITY LIMITS		T ADDRESS / 2 B E. Riv		e Drive	21122
0) 020	16a V	THER'S NAME FIRST NOT KNOWN VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SC	race DCIAL SECU	RITY NO.	Marie INFORMANT	NAME	MIDDIE	5	Zimme	rman
1 10 1		es W		5-12-4		Wanda J. G	race	17/1	Same a	as 13e	
physical an pap emova event, it		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	nly one couse per line fo ED BY: TE CAUSE (a)	Va	tue	wan Fil	1+6	rdial	rest	BETWEEN ON	ATE INTERVAL
not the death as by the attendin sse remove carb , cremotion, ar- ather traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A (b) DUE TO, OR AS A			mt.				100	ur .
signed Then plea to burio	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
has been prior permit ene prior	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPE			N WAS PERFORMED	20a AU	1		VERE FINDING	
ICIAN: TI g physicia certificate rial-transit ental Hygie tem 18 shr	CAL CERTIFI	210 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. M		Y YEAR	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY I	IN ITEM 18 PART	1 OR PART 2)	
ottendin ter this of is the bur h and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJ		ARM ETC	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
ATTENDIN uspital ar ICTOR: Af ictorise of for use of to of Health		77x 1 certify that (1) (this hosp saw the discussed of did in above (1) we) (did it did in	5/0/12	19 F		d that in (my (aur) pin	on death accur	/D//-	and hour o	nd from the co	
by the house of detocher and a state of the best of th		12h SIGNATURE	01	exer	56	ATTENDING PHYSICIAN 22e ADDRESS	DIRECTO	OR PHYSICIA		22c. DATE SI	2/4J
TO HOSI	20.0	DR. DAVID		100			SURNIE.	AKWOOD I MARYLAN		061	
BP	В	BURIAL, CREMATION, REMOVAL SPECIFY) Urial	10/17/1985		rest1	emetery or cremator awn	(CATION ITY OR TOWN Kesvill		.ounty M	state Maryland
OHMH - 16 60M 7/84 (VRA 15, 4)		JNERAL DIRECTOR Duda-1 922 Wise Avenue		ADDRESS k, Mar	yland		OCT 1	REGISTRAR 25H	40	R'S SIGNATUR	



BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	٠1 -	FOR - STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.							.5 0		
	I DE	CEASED NAME FIRST	MID	DLE	l.	AST		20. D	ATE OF DEATH		DAY YEAR	2b HOUR
9	PTTPE	MELVIN	JOSI	G	GREELEY			OCTOBER	30 '	1985	M	
31	1. SE)	X	4 RACE		S. DATE C			6. AG	E (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
-		MALE	WHI	ΓE	SEPTE	SEPTEMBER 3,1905			80	YRS.	MONTHS DAYS	HOURS MIN.
Ŋ		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	MARRIED NEVER MARRIED			9 BA	9 BALTIMORE CITY OR COUNTY OF DEATH				
8	1	MARYLAND	U.S.A.		WIDOWE	4.9	DIVORCED [NE ARUNE	EL CO	UNTY	MD.
1		ITY OR TOWN OF DEATH		ACILITY, GIVE STREET	ADDRESS	OROTHER	INSTITUTION	{TYPE	OF WORK FOR MOST OF		E) INDUSTRY	F BUSINESS OR
Ц		ASADENA		SET KNOL				FI	REMAN		BALTO	CITY
2	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU RYLAND ANNE	NTY 13	RESIDENCE BEFORE RESIDENCE BE	N	13d INSI	DE CITY LIMITS?		REET ADDRESS A			21122
Ų	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTE	HER'S MAIDEN	NAME				
1	7	WILLIAM	MIDDLE	GREELEY			FIRST KATHERIN	NE.	MIDDLE		DAWS	
		WAS DECEASED EVER IN U.S. A		b SOCIAL SECU		17 INFO			ADDRE	ESS	211112	-
	N		NE 7	705.10.9	206	ANN	E M. MO	XLEY	(FRIEND) 5	SAME AS	# 13
1	CERTIFICATION	gave rise to immediate couse IoI, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION	(c)CONDITIONS CON	AS A CONSEQUE	DEATH BUT				DISEASE OR CON	20b. 1F YES	ZEN IN PART THE	NGS USED
1	E							YE	S NO		S [NO [
1		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI LIFE EITHER NOTIFY MEDICAL EXAMINI	AIR	MONTH DA	Y YEAR	21c HO	W INJURY OCCU	URRED (E	NTER NATURE OF INJU	RY IN ITEM 18 P	PART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF	INJURY FACTORY, OFFICE F	ARM, ETC.)	211 LOC	TATION		CITY OR 10	WN	COUNTY	STATE
		22a I certify that (I) (this hosp saw the deceased alive o abave, (I) (we) (did) (did n	6/17	19 \$	25	nd that in	(my) (our) apinio	3, to	occurred on the de	7 ate and hav		that (1) (we) last
		22b SIGNATURE	UF	1		DEGREE			DICAL STAT		OCTOB:	SIGNED ER 30,1985
		274 PHYSICIAN'S NAME (TYPE	OR PRINT!			22e ADI	DRESS	/-			2:	1061
		RUBEN REDER M		1			FURNAC			GLEN	BURNIE	, MARYLAN
	(BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	NOVEMBEI 1985	R 2,			OR CREMATOR	RY B	LOCATION CITY OF TOWN ALTIMORE			STATE MARYLAND
		UNERAL DIRECTOR NAME NGLETON FUNERAL	L HOME GLI	EN BURNI	E, MA	RYLAI	ath ath	ATE REC'	D BY REGISTRAR		RARSSIG	URE Y

92076	1-	FOR STATE REGISTRAR		STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	7037
page 3		CEASED NAME OR PRINTS		LAST P		FIN 26 HOUR
ge 4 mo	3 SEX	F,	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) 6. 9 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
Post Post	7a. BI	RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	Barr A. A	
S other o	10. CI	DASADENA	11. NAME OF HOSPITAL, N (IE NOT INCOUNTED HACHITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) BORN ON RESTREET	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b. KIND OF BUSINESS O
24 hour	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU!	R OTHER INSTITUTION, GIVE RESIDENCE NTY A 4 4	E BEFORE ADMISSION) R TOWN 13d. INSIDE CITY LIMITS? YES NO NO	130 STREET ADDRESS ZIP COL	EUS BOACH K
ad within	14 F.	PER'S NAME	CAIDDLE WEN LA	15. MOTHER'S MAIDEN N		LAST
n and e	16a V		RMED FORCES? 16b SOCIAL IVE WAR OR DATES)	SECURITY NO. 17 INFORMANT	O CANNO!	Walter Brown
death certificat attending physi nove carban pap atten, ar remava raumatic event,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if ony, which	DUE TO, OR AS A CON	arcinoma	efestass	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
the the rem		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEOUENCE OF	Carl Carl	
requires that the ranged by the Then please rem rate burnal, crem injury, or ather t	NOI	gave rise to immediate	(c) Co	npestive H	258 Failur RMINAL DISEASE OR CONDITION G	IVEN IN PART Ito
ion. the law requires that the ion. that been signed by the it permit. Then please ren rene prior to burial, crem nows any injury, or other?	TIFICATION	gove rise to immediate couse (a), stating the underlying couse last	(c)CONDITIONS CONTRIBUTIN	npestive H	200 AUTOPSY? 20b. IF YI	IVEN IN PART 110 ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO NO
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cion. cion. e has been sit permit. giene prior hows any	MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	CONDITIONS CONTRIBUTION 19b. CONDITION FOR V 21b. TIME OF INJURY HOUR A.M. MONTI	G TO DEATH BUT NOT RELATED TO THE TER WHICH OPERATION WAS PERFORMED 170. HOW INJURY OCCU 171. LOCATION	20a AUTOPSY?	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ESNO
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30415	5	1-	FOR STATE REGISTRAR			DEP	ARTMENT	TATE OF MARY OF HEALTH AN TIFICATE O	D MENTAL HY	GIENE 8	S REG. NO.	2.	7 0	3 8 EST	
OUXIC	9		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE		ONTH D	AY YEAR	2b HOUR	_
2	0	(TYPE	OR PRINT) WALT	ER	CON	RAD	GU	NTHER		0	CTOBER	27,	1985	542 1	M
W a	0	3. SE	(4	RACE			TE OF BIRTH		6 AGE (IN YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HR	_
ge	20 51		Male		Whit	te	F	eb. 18	, 19 [†] 19̂	13	66	YRS.	UNINS DATS	HOURS MA	i.
eoth ro	See Proposition	76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Glen Burnie, MD			76 CITIZEN OF WHAT COUNTRY? 8. MARRIE WIDOW				ED X NEVER MARRIED DIVORCED D		9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY M				
s ofter d by the fu	filed with	10 CI	GLEN BURN	ATH 1	(IF NOT IN SUC	HOSPITAL, NI THEACILITY, GIVE HARUN	STREET ADDRES	SPITAL	NSTITUTION	(TYPE OF W	AL OCCUPATIO PORK FOR MOST OF V	WORKING LIFE	INDUSTRY		R
AND 212 n 24 hour	onld be	13a. S Ma	al residence (# nurs aryland	13b COUNT AA		13c CITY OR	Before admiss TOWN Burni	P YES -	E CITY LIMITS?	13e STREE 794	T ADDRESS / 2 3 Solle	ZIP CODE		21061	
with with	d 2 s	14 FA	THER'S NAME	MI	DDLE	LAS	ST	15. MOTHE	R'S MAIDEN N	AME	MIDDLE		LA	.S1_	
M Page	5	N N	Herman	1511110 4004	ED FORCECO	GUI	nther	O. 17 INFOR	Marie		ADDRES:		Schaf	ffer	
MORE	sedice		VAS DECEASED EVER VES NO OR UNKNOWN) NO		VAR OR DATES)					. 4. 6					
be be	rs. Pe		18 CAUSE OF DEAT			+	4-0137	Norma	a r. Gui	itner,	Same a	S 13	APPROV	XIMATE INTERVAL ONSET AND DEAT	_
DS, 201 W. PRESTON S: quires that the death cert signed by the attending	hen please remove corbo o buriol, cremotion, or re jury, or other troumotic e	Z	Conditions, if any, gave rise to improve (a), static underlying cause	nediate ng the last.	DUE TO, O	R AS A CONS	SEOUENCE (he Co	er to	agn	hed de Pros	ser	N IN PART 1	1a	_
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DHMH - 16 60M 7/84 (VRA 15, 4)

²⁴ FUNERAL DIRECTOR
James S. Kirkley, Glen Burnie, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

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WILLIAM REESE & SONS MORTUARY. P.A.

DHMH - 16 60M 7/B4 (VRA 15, 4)

1985

BALTIMORE CITY OR COUNTY OF DEATH

ANNE ARUNDEL COUNTY 12b. KIND OF BUSINESS OR

NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

20b. IF YES, WERE FINDINGS LISED

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

an death accurred an the date and hour and from the causes stated 22c DATE SIGNED

7845 OAKWOOD ROAD, SUITE

CEME Annapolis A A Ma
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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Production of the control of the con		MORDIKNOWNI INYES, GIVE WAR OR DATES) 220-30-6044 Maxine P. Hall- #13
SI., BA		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Preumocysts Carni Preumoise
death ce attending bave carb stran, ar r		Canditions, if any, which gave rise to immediate (b) Acquired Immure Deficiency Syndrome
that the d by the lease rem		cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Probably 2 to Blood Transfusion
gne n p	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
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Da Se		270 I certify that (I) (this haspital) attended the deceased from \$\frac{9-19}{5-19}\$, that (I) (we) last saw the deceased alive an \$\frac{10-6-19-5-19-5-19}{5-19-5-19-5-19-5-19-5-19-5-19-5-19-5-19
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DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FI	NERAL DIRECTOR 1250 DATÉ REC'D. BY REGISTRAR 256 REGISTRAR S SIGNATURE 1250 DATÉ REC'D. BY REGISTRAR 256 REGISTRAR S SIGNATURE 1250 DATÉ REC'D. BY REGISTRAR 256 REGISTRAR S SIGNATURE 1250 DATÉ REC'D. BY REGISTRAR 256 REGISTRAR S SIGNATURE 1250 DATÉ REC'D. BY REGISTRAR 256 REGISTRAR S SIGNATURE 1250 DATÉ REC'D. BY REGISTRAR 256 REGISTRAR S SIGNATURE 1250 DATÉ REC'D. BY REGISTRAR 256 REGISTRAR S SIGNATURE 1250 DATÉ REC'D. BY REGISTRAR 256 REGISTRAR S SIGNATURE 1250 DATÉ REC'D. BY RESS SIGNATURE 1250 DATÉ REC'D. BY REGISTRAR S SIGNATURE 1250 DATÉ REC'D. BY RESS SIGNATURE 1250 DATÉ RESS SIGNATURE 1250 DATÉ REC'D. BY RESS SIGNATURE 1250 DATÉ REC'D. BY RESS SIGNATURE 1250 DATÉ RE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0	الده	

CERTIFICATE OF DEATH

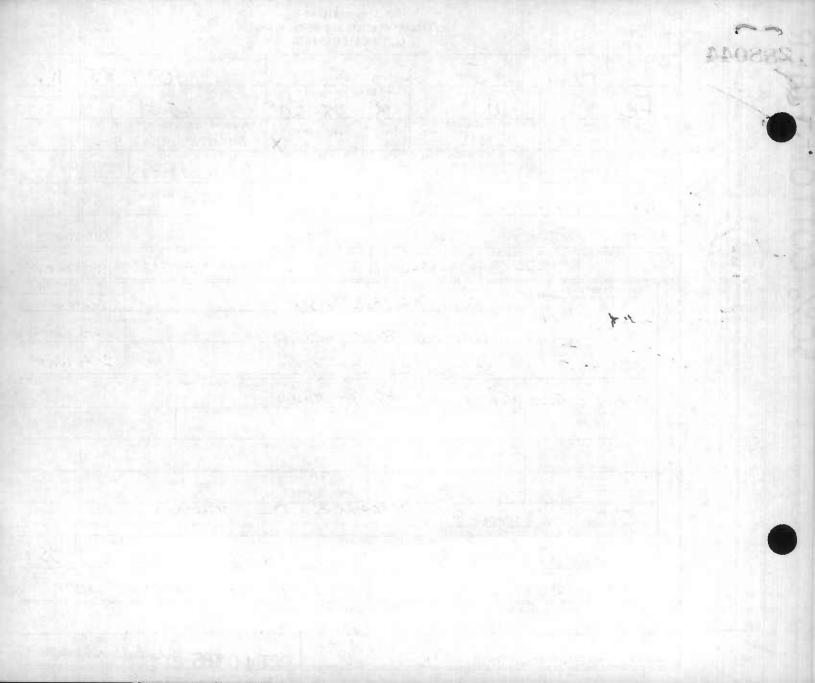
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	J SEX		4 RACE	5. D/	ATE OF BIRTH	6. AGE (IN YEARS LAST BI		ERIYEAR	IF UNDER 24 HRS	
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		saw the deceased alive an obove, (I) (we) (did) (did no	O CACKEN	C 8 19 85		nion death occurred on the d	ote and have and I	rom the c	ouses stated	
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		22d. PHYSICIAN'S NAME (TYPE C	RPRINT)	9 10	22e ADDRESS	IN DIRECTOR PHISE	, IAN			
7		FRANK da	CHSUN		3 VILLAG	E GREEN, C	ROFTON	me	0	
		BURIAL, CREMATION, REMOVAL	236. DATE	23c NAME	OF CEMETERY OR CREMATO	ORY 23d LOCATION	COUN	TY	STATE	
		Cremation	10/10			Pk. Baltimo	re.Md.			
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DHMH - 16 60M 7/84 (VRA 15, 4)

Hardesty Funeral Home

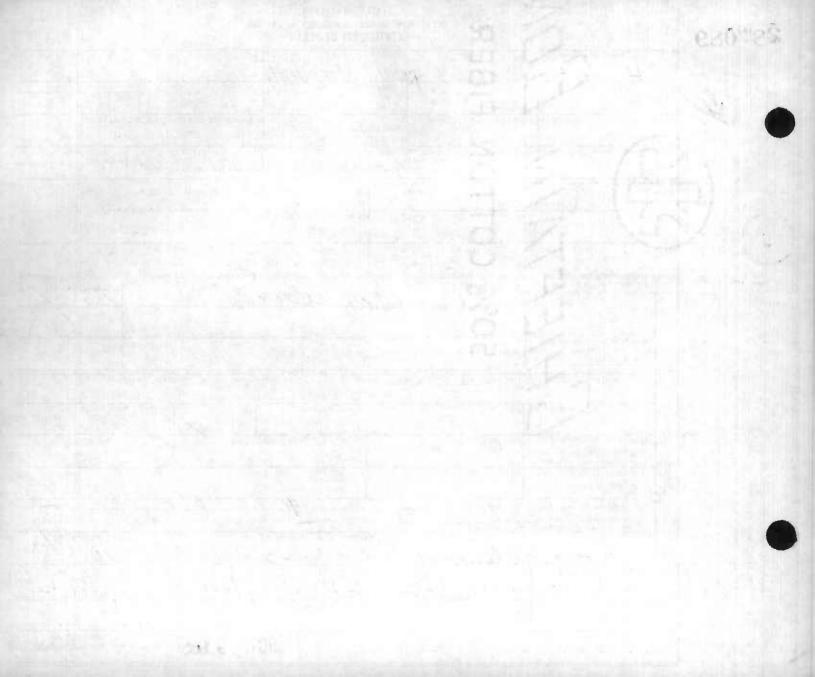
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IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, or other traumatic events t



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	ATTENDING PHYSICIAN; The low requires that the death certificant be received within 24 hours after death Page 4 may be	oppose a constraint progression. CTOR: After this certificate has been signed by the attending physion and completely filled in by the funeralistication page.	I for use as the build-transit permit. Then please remove corbanpopers. Pages 1 and 2 should be filed within 72 tarmatter dear of Health and Mental Hypene prior to burial, cremation, or removal.
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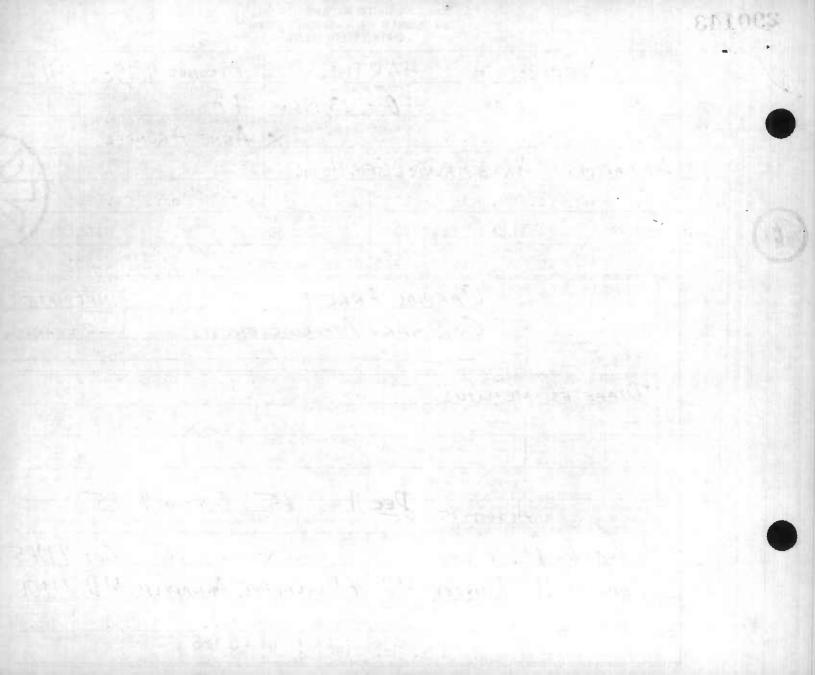
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O HOSPITAL OR ATTENDIN etoined by the hospital or TO FUNERAL DIRECTOR: At- should be detached for use o with the State Dept. of Health MPORTANT: If them 21 is man		sow the deceased alive on above, (I) (we) (did)	Occurrently Report	174	nd that in (my) (aftr) opinion degree ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF	221.	, that (II (we) last om the causes stated DATE STANED
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DHMH - 16 60M 7/84 (VRA 15, 4)		DNERAL DIRECTOR T.A. Hardesty	Annapolis Md 2	21401	25a. DOT	PEC D. BY REGISTRAR 9 1985	256. REGISTRAR'S SI	GNATURE AND ARE



Hardesty Funeral Home

(VRA 15, 4)

DIVISION OF VITAL RECORDS



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME 2h HOUR [TYPE OR PRINT) OCTOBER HATCH 9, 1985 MAR GAR ET 400 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY 12b. KIND OF BUSINESS OR INDUSTRY crisewi 13e STREET ADDRESS / ZIP/CODE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE ., and that in (my) (our) apinian death accurred on the date and haur and from the couses stated 7845 OAKWOOD ROAD, SUITE GLEN BURNIE, MARYLAND 21061 mappino 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTPAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN. The law requires that the death certificate be executed within 24 hour attending physician. After this certificate has been signed by the attending physician and complete, fulled in the state burial-transit permit. Then please remove carbon papers. Pages 1 and 2: white this and Menail Hygiene prior to burial, cremation, or removal. It and Menail Hygiene prior to burial, cremation, or removal. It marked or Item 18 shows any injury, or other traumatic event, the medical entered in the state of t	RIFICATION	Conditions, if ony, gove rise to immove to impove the conditions of the conditions o	mediate and the last. NIFICANT CO	DUE TO, O (c) ONDITIONS C	DITION FOR WHIC	UENCE OF DEATH BUT LEN	le De	Tren-	20e AUTO	PSY?	206. IF YES,	WERE FINDI	
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DHMH-16 25M (VRA 15, 4) 1/79	24 FUN	ERAL DIRECTOR	Annap	olic	Md 24110	4	TILLI		E REC'D. BY RE	BDOLLS GISTRAR 25	REGISTRA	AR'S SIGNA	

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 298029 CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRST 20. DATE OF DEATH MONTH TYPE OR PRINT aR 6 AGE | IN YEARS LAST BIRTHDAY) 20 (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? NO FATHER'S NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for) a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A GONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. d PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per NO 8 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) H O 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntol WEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN AT HOME STREET FACTORY OFFICE FARM ETC) STREET ked NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (ve) (did) (did nat view the bad after de

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PAGE PAGE —	23a. B	URIAL CREMATION, SPECIFY) Buria		10/11/85	23c. NAME OF C			23d LOCATION CHYOR TOWN Baltin		COUNTY	Md
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ATTENDIN spital or CTOR: Af for use of af Health			22a 1 certify that (I saw the decea above, (I) (we)	ed olive on_		.19	, 00	nd that in (my) (our) opinion	death occurred on the d	ate and hour a		that (1) (we) last couses stated							
ALOR A the hor ALDIRE detached ore Dept	1		226. SIGNATURE	w	ب		MD	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	22c. DAJE	SIGNED 14/65							
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PP			URIAL, CREMATION SPECIFY) Buri	, REMOVAL		230	NAME OF C	emetery or crematory ridge Cemt	23d. LOCATION			Co . M'd'.							
DHMH 16 40M 7/84		24 FL	INERAL DIRECTOR			na, Md.2			TE REC'D. BY REGISTRAF										

(VRA 15, 4)

CCully Funeral Home, Mt. & Tickneck Rds.

OCT 15 1985 me wandrom Bindara

BALT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

E.	/	U	2	1

1	REGISTRAR				CERTIFICAT	E OF DEATH	REG. N	10.		
	CEASED NAME F	IRST	MIDDLE		LAST	KNOTT.	20 DATE OF DEATH	10 - 20	9 850	3 HOURA
		ace M			Knott	C 1 20	1 001-38	-7655-	08 5	D PM
3. SE	X	4 RAC	E		5. DATE OF BIRT	H DAY ! SEAR !	6 AGE (IN YEARS LAST B		UNDER : YEAR	HOMES MIN-
	Female		Cauca:	2100	5/7/9"	7 Chencus		YRS		8 54
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	London, En	-	Engla	nd	WIDOWED	DIVORCED [Agunde		MD.
10. CI	TY OR TOWN OF DEATH	11. N.	AME OF HOSPIT	TY, GIVE STREET A		IER INSTITUTION	TYPE OF WORK FOR MOST	OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
USUA	AND DOLLS	HOME OR OTHER IN	STITUTION GIVE BES	SIDENCE REFORE	DMISSIONI		Homem	aktr	257	11/1
13a. S		COUNTY		ity or town Severr	1 13d II	NSIDE CITY LIMITS?	13e STREET ADDRESS	-	ser Ro	ad.
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E	Edmund	Jose	ph	HILL	3		Elizabeth		Thhu	t.t.
	VAS DECEASED EVER IN I	U.S. ARMED FO	DATES	OCIAL SECUR		FORMANT	ADDR	RESS 1		vell R
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	underlying cause		JE TO, OR AS A	CONSEQUEN	NCE OF					
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	OR CONTRIBUTING CAUS	DE OF DEATH	IOUR A.M. M	MONTH DAT	YEAR					
MEDICAL	21d INJURY OCCURRED	210	PLACE OF INJ			OCATION STREET	CHTY OR T	Owel	COUNTY	STATE
Σ	WHILE NOT WHILE	□ '^	HOME STREET, FAC	TORY, OFFICE, FAI	RM ETC)	2(KEE)	A	OWN	_	STATE
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	saw the deceased o abave, (I) (we) (did)	live an	the body after d	19 Z	, and that	in (my) (em) opinian o	death occurred an the o	date and hour a	nd from the co	ouses stated
	226. SIGNATURE	1) a	icom .	DEGRE		New York		22c. DATES	IGNED
	gen	not to	lungs		Mn	ATTENDING A	MEDICAL STA	CIAN [10/2	0/85
	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			22e	ADDRESS			Seron	MA PASIL
	EGRATAN	C	HUMPI	+	Elyna	8 6VER 6	REBN 6	1190	Mn 2	21146

230 NAME OF CEMETERY OR CREMATORY

Westview Crematory Balt.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is should be detached

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

12 Ridgely Ave. Hardesty Funeral Home Ann. Md. 21401

23b. DATE

Cremation 10/21/85

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

A.A. Co. Md.

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DHMH - 16 50M 4/B2 (VRA 15, 4)

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(VRA 15, 4)

		FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		dina d	ECT
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1	In BI	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8.	- 9 BALTIMORE CITY O	R COUNTY OF DEATH	1
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1	10. CI	Y OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION			D OF BUSINESS OR
+		GLEN BURNIE	NORTH ARUNDE		Housewif		emaker
1	U5UA	L RESIDENCE (IF NURSING HOME OR TATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE BEFO		. Glen B		
			A.A. Glen B				
1	14 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	7	1AST
		William	Reinha			Но	500
		AS DECEASED EVER IN U.S. ARI	E WAR OR DATES	CURITY NO. 17 INFORMANT G	len Burnie,	Maryland	21061
1		NO	214-74	-3353 Eleanore	F. Tennyson	n 609 Ca	arolyn Rd
		PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if pny, which gove rise to immediate cause (D), storing the	lly one couse per line for (b), (b), od by: (E CAUSE (a) DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO	flative t	Coary foi	Mung	ROXIMATE INTERVAL EEN ONSET AND DE ATH
Lar other traumatic even		Conditions, if ony, which gove rise to immediate cause (D), storing the underlying cause lost.	D BY: (E CAUSE (a) DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c)	Plative C UENCE OF	Coary (9.	Mung	
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	TIFICATION	Conditions, if ony, which gove rise to immediate cause (D), storing the underlying cause lost.	D BY: TE CAUSE (0) DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	Plative C UENCE OF	TERMINAL DISEASE OR CONE 200 AUTOPSY? YES NO	Mung	I I p
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STATE OF MARYLAND

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24 FUNERAL DIRECTOR

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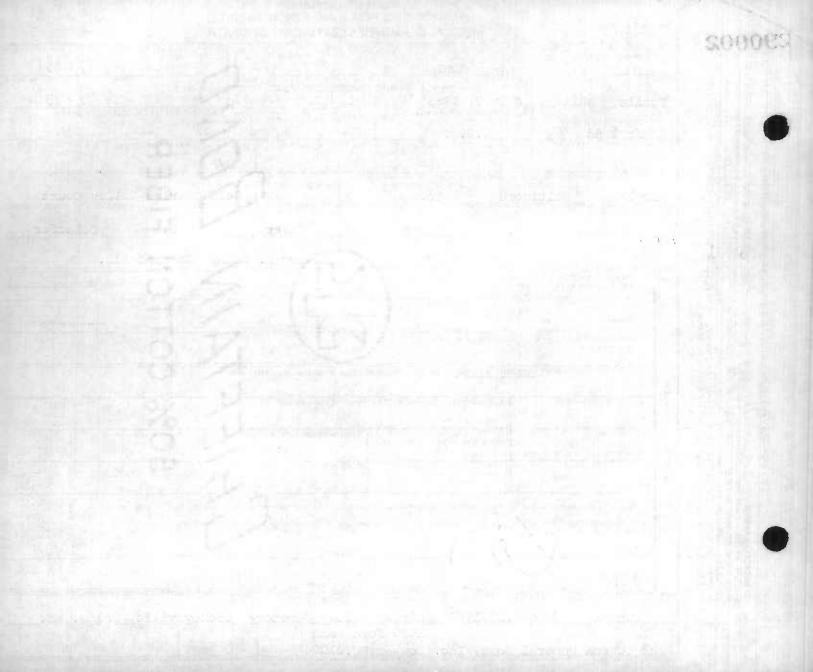
FOR - STATE

REGISTRAR

	DEPARTMENT OF HEAL	FMARYLAND .TH AND MENTAL HY ATE OF DEATH	GIENE 8 5	27) 6 2
FIRST MIDDLE	LAST		20 DATE OF DEATH		AR 2b HOUR
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4 RACE	5. DATE OF B		6 AGE IN YEARS LAST BIR		
white	Aug	30, 1914	71	YRS	DATE MOURS MIN.
76 CITIZEN OF WHAT	MARRIED WIDOWED	NEVER MARRIED	ADDE ARI	undal Co	unty mo.
H 11. NAME OF HOSPIT	AL, NURSING HOME OR C	OTHER INSTITUTION	120 USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF	WORKING LIFE) INDUS	ND OF BUSINESS OR
GHOME OR OTHER INSTITUTION GIVE RES 36 COUNTY 13c CT	ALLO Y	I. INSIDE CITY LIMITS?	13e.STREET ADDRESS	- 2	11-86
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F m g F < g	73a.B	URIAL, CREMA			23c NAME OF C			23d. LOCATIO		COUNTY		
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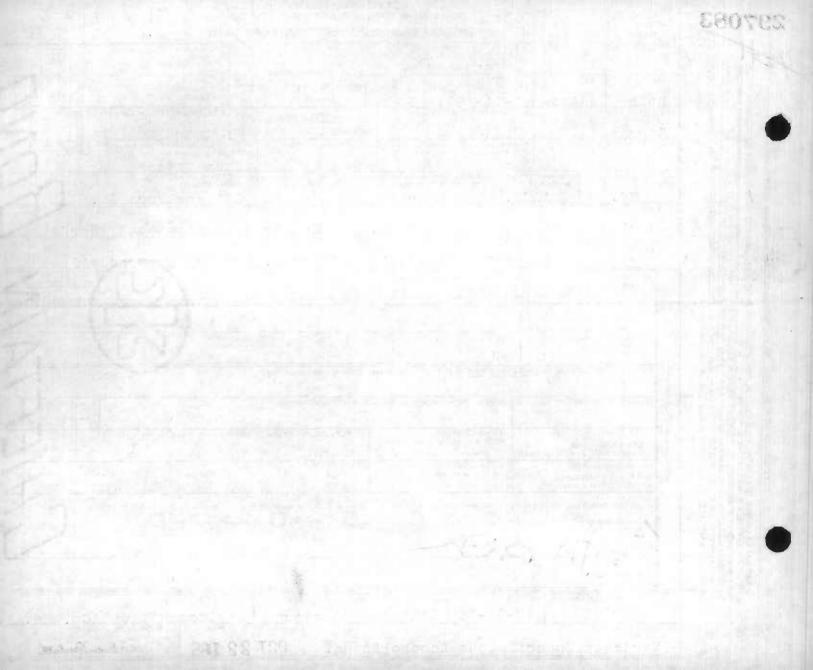
STATE OF MARYLAND



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ne he executed complete to the medical he medical has been a complete to the medical he medical has medical he	60 V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 621 RIGGMONT Lane 214-38-2126 Sally Differ-Gonzales exas 18629 18 CAUSE OF DEATH IEnter only one couse per line for ion, ibi, and its security of the course of t
that the death serthan by the attending phy one remove carbological, or remove or other trountatic event		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF
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O PHYSICIAN OTHERGREEN SHIPS IN The serifican on the breakfrom one American keed or Hem 18 st	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 21d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
4.08 ATTENDER the hospital or 1.0 DECTOR At thicked for use or the Dept. of Health 18 fem 21 is ma		220.1 certify that (1) (this hand) attended the deceased fram 10-28, 19-85, to 10-29, 19-85, that (1) (we) lost saw the deceased alive an 10-29 19-85, and that in (my) (and) apinian death accurred an the date and hour and Irom the causes stated above, (1) (100-10-10) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN PLOSICIAN PHYSICIAN 10-30-85
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **290150** MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME FIRST (TYPE OR PRINT) Magan OF ESTI-LEWIS 10-9-85 19 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE Female LAST BIRTHDAY) White PRONOUNCED DEAD 5:52R 10-9-85 19 a BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Washington D.C. USA DIVORCED Anne Arundel County O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) North Arundel Hospital Glen Burnie timits? | 13e street address NO | 2165 Springdale Rd. 21122 Md. Pasadena 13d. INSIDE CITY LIMITS? YESX 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Charles PAGES 1 AND IVISION OF VI Lewis, Jr. Patricia Kerley 17 INFORMANT 64 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Pasadena, Md. 21122 NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO Charles Lewis 2165 Springdale Rd. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Sudden infant death syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) E. WRITING THE WOOD.

E. WRITING THE WOOD.

E. WAGES SHOULD BE USED AS A F. PAGE 3 SHOULD BE USED AS A F. STATE DEPARTMENT OF HEALTH E. STATE DEPARTMENT OF HEALTH CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71f. LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY (AI HOME. STREET, FACTORY, FARM, ETC.1 CITY OR TOWN AT WORK NOT WHILE TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 21 XX 270 I certify that I took charge of the remains described above, held on Autopsy Inspection Natural causes Undetermined manner TITLE (SPECIFY) DATE 10-10-85 Assistant MEDICAL EXAMINER 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 10-12-85 Meadowridge Mem. Pk. Cem Howard Md 07/B4 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE - -- was well and the state of **DHMH - 17** McCully Funeral Home Mountain and Tick Neck Rd. UC (VR A15 ME (5)) Pasadena, Md. 21122

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STATE OF MARYLAND

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9708	2	1 DEC	STATE REGISTRAR EASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
ge a siby b	9	3 SE)	MAIE	4 RACE CAUC	5 DATE OF BIRTH MONTH DAY YEAR 12 /6 99	6 AGE (IN YEARS LAST BIRTHDAY) YRS	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
death Fo	Cyr 1	7	RTHPLACE STATE OR FOREIGN	U.S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	BALTIMORE CITY OR COUNTY OF COUNTY O	126 KIND OF BUSINESS OF
ours other in by the	53	6	LE RESIDENCE IN MURSING HOME OR	(IF NOT IN SUCH FACILITY GIVE STREET	TADIRESS CONFICE	THE OF WORK FOR MOST OF WORKING	Stel Industry
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i i i i i i i i i i i i i i i i i i i	ac		AS DECEASED EVER IN U.S. ARA		PNCE PONT	MIDDLE ADDRESS	UNKNOWN
ote be ex	2/		18 CAUSE OF DEATH (Enter only	y ane cause per line for (a), (b), a	13-8320 Joseph	A. Paretti	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
h certific dag phy orbonae	or remain aftic event		PART I. DEATH WAS CAUSED IMMEDIATE	DBY: E CAUSE (0)	LENCE OF		1/1/2
the deat	new traum		Conditions, if ony, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	Stenory		370
quires that	ia burial, c ijury, ar ot	Z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR CONDITION (GIVEN IN PART 110
be low rec	e prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
PHYSICIAN T ending physici this certificate	entol Hyginer 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM I	8 PART FOR PART 2)
0 5 5	th and Morked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
R ATTENDIN hospital or RECTOR: Aft	n. of Heal m 21 is m		220 I certify that (1) (this hospit- sow the deceased give an abave, (1) (we) (did) (did not		and that in (my) (doi) apin	ian death accurred on the date and h	
0 0 0 0	State Dep		226 SIGNATURE /2 ,	Bree	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	10/)
TO HOSPIL, retained by TO FUNER, should be d	with the State [77. 0				NAME OF ATION	
			URIAL, GREMATION, REMOVAL	10-24-84 B	NAME OF CEMETERY OR CREMATOR	23d. LOCATION	COUNTY / / / FLATE

298030	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		70/3
4 may be		CEASED NAME FIRST	Ian H. M	S. DATE OF BIRTH	REG. NO. 20. DATE OF DEATH MONTH OCT 9 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR A O 735 M
Pr death, Page the 72 hours of other 22 hours of	N	RTHPLACE STATE OF FOREIGN COUNTRY) ITY OR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL, NURSI	Aug 8, 1895 **MARRIED NEVER MARRIED WIDO WED DIVORCED NG HOME OR OTHER INSTITUTION	Anna Arun	MD.
LAND 3/201 bit 24 hours off spoul to long in	130.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFO	WN 13d INSIDE CITY LIMITS?		Home
Minney Manage	1	FIRST PONGE VAS DECEASED DER IN U.S. AR	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 069-28	der Sophic URITY NO. 17 INFORMANT 92783 Vinginia	MIDDLE	
2D1 W. PRESTON ST., BA es that the death certificat ned by the attending physic please the continue of the paper virial, crementan or remarka		PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	tion of old a	MINAL DISEASE OR CONDITION G	BETWEEN ONSET AND DEATH 5 YEARS IVEN IN PART LO
DIVISION OF VITAL RECORDS, ING PHYSICIAN. The law requir r attending physician. Wher this certificate has been sig as the burial-transit permit. Then th and Mental Hygiene price to b ovked or item 18 shows any injury	A CERTIFICATION	Diabetes 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	196. CONDITION FOR WHICH	Atherosclerosi. OPERATION WAS PERFORMED 1216. HOW INJURY OCCU	200 AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\text{NO} \text{ \text{NO}} \text{ \text{NO}} \text{ \text{NO}}
a se se	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINED 21d INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) (Abb. heaps saw the deceased alive an	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	June 16 1981	city OR TOWN . 1a Oct 19 n death accurred on the dote and ho	county state
TO HOSPITAL OR ATTER retained by the haspital TO FUNERAL DIRECTOR should be detached for unith the Stote Dept of the With the Stote Dept of the MAPORTANT; if them 21 is		obave, (I) (was slide) (did no 27b SIG 07) TUPE 27d. PHYSICIAN'S NAME (TYPE C	W. Kinzu	DEGREE ATTENDING PHYSICIAN 270 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	272 DATE SIGNED Oct 19, 198 1
BP		SURIAL, CREMATION, REMOVAL	23b DATE 23c CE 22, 1985 M	NAME OF CEMETERY OR CREMATORY Dravian Cemeter 250 D	23d LOCATION CITY PRIOR TOWN STATEM SAME REC'D. BY REGISTRAR 25b. REGIS	COUNTY WATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	1	autor Funer	al Chapel- Ar	inapolis, MI) 0	CT 23 1085 Julia	Tevidson Bandree

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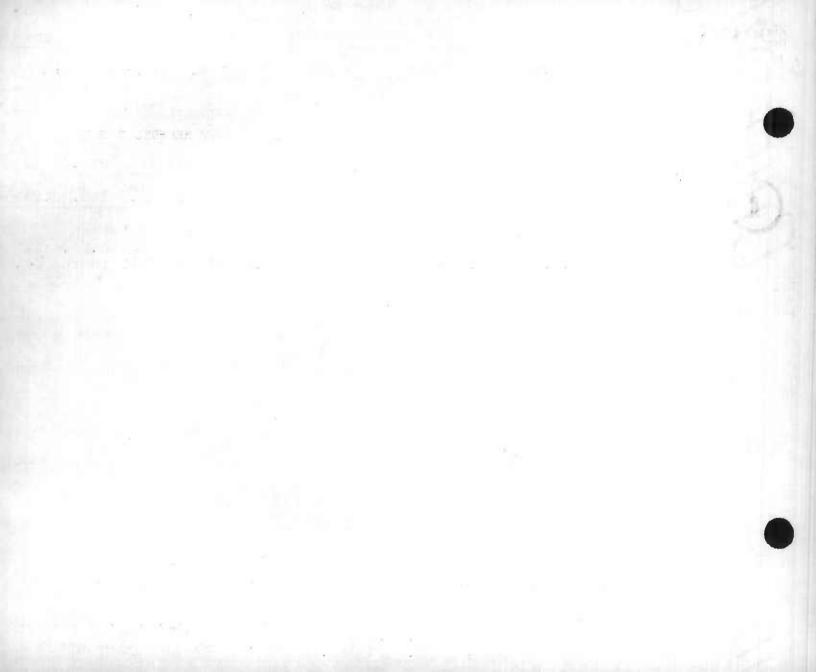
			STATE OF MARYLAND	7 7
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20000	1	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
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S NEGSSARY, PLEASE FEUNEAU DIRECTOR. E 5 FOR YOUR FILES. W. PRESTON STREET,	IF	Torida	U.SA WIDOWED DIVORCED Anne Ar	undal Co un
SER SE	10 €		NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF W.	ORK 126 KIND OF BUSINESS
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12 20 × =	LAST	NICOSI S FI	Inne Hrunde General Hospital Contractor	16-eneral
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O TOWNS	14. F.	ATHERSNAME	15. MOTHER'S MAIDEN NAME	
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, BALTIMORE URS AFTER DEA B. GIVE PAGES WITH FORM, TI. PAGES I AN DINISION OK.		NO	111-0'-8038 Morence E. Menocal	- 413
		18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	ne couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON ST N 24 HOU! N ITEM 18. ALONG W ALONG W IT PERMIT.		IMMEDIATE CA		
T PE PE		1	DUE TO, OR AS A CONSEQUENCE OF	Juddy
WITHIN : NCIL IN NCIL		Conditions, if any, which		
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D BE EXECUTED BE EXECUTED WEDIONG, IN PR MEDICAL EXAM AS A BURIAL FALTH AND MEI CREMATION, C	12	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)	
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3 3 3 2 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7	J ₹	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
TAL RECORDS +OULD BE EXE RD *PENDING HIEF MEDICAL USED AS A BU OF HEALTH AT	FICATIO	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	
F VITAL RE E SHOULD WORD "PEI WORD "PEI NICE HORD A RE USED A RE USED A	ERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS		YES O NO
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ISION OF VITA RETFICATE SHO TO THE WORD D TO THE CHIE SHOULD BE USE SPARTMENTOF	MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR TH P.M. 19	YES O NO
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		OR PRINT)	JNIOR	BRU	ICE	ME	r7.	E 5 X	OCTOBER		2, 1985	1	A _M
	3 SEX		MIOIN	4 RACE	JCE	5 DATE C	* ***		6 AGE (IN YEARS LA		IF UNDER I YEAR	IF UNDER	-
Ē		MALE		WHIT	re	APRII		1921	64	YRS	MONTHS DATS	HOURS	MIN.
6		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	0	D X NEVERA		9 BALTIMORE CI		Y OF DEATH		
d		NNSYLVANIA	A	U.S.	.A.	WIDOWE		VORCED [ANNE A	RUNDEL			MD.
Ĺ	10 CI	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INST	ITUTION	128 USUAL OCCU		12b. KIND C		SS OR
	_	EN BURNIE			ARUNDEL H		CAL		OPERATIN	G ENGIN			
S		AL RESIDENCE (IF NURS	136 COUP		I3c CITY OR TOW		13d INSIDE C	ITY LIMITS?	13e STREET ADDR	ESS / ZIP COD	DE		
1	$\overline{}$	RYLAND	ANNE	ARUNDEI	GLEN BUH	RNIE	YES 🗌		7671 B R	ONA COU	RT 2	1061	
1	III FA	THER'S NAME FIRST		MIDDLE	LAST			FIRST	NE MIDE	DLE	LA!		
_	14 14	SAMUEL VAS DECEASED EVER	151.1.1.0. 4.0		METZ	D. 1714 . 4 10		MAY		DDRESS	THOMA	S	
		res, no or unknown)	(IF YES, GI	E WAR OR DATES)	16b. SOCIAL SECU		17. INFORMA				CAME		
١		YES		W II	170.12.69		MRS. S	HIKLEY	A. METZ	(WIFE)		S F]	13
		PART 1. DE ATH W			line for (a), (b), and	Cale	0	Last	,	101160	BETWEEN	ONSET AND	DEATH
h		A BL ASS	IMMEDIA	TE CAUSE (o)	eupture.	lar	KOMINO	y court	caner	MARIN	4	200	15
	19			DUE TO, C	OR AS A CONSEQUE	NCE OF					/		
		Conditions, if ony, gove rise to imm	nediote	(b)_		-							
		couse (a), statin underlying couse		DUE TO, O	DR AS A CONSEQUE	NCE OF							
		PART 2 OTHER SIGN	JIEIC ANT	CONDITIONS C	ONTRIBUTING TO F	SEATH BUT	NOT DELATED	TO THE TEDAL	NAI DISEASE OR	CONDITION C	IVEN IN DADT 1		
,	N O	THE STORESTOR	111122111	.0110110110	OTTRIBUTION TO E	ZEATT BOT	NOTKETATED	TO THE TERMIN	THE DISEASE ON	.ONDITION O	INTER HALL WELL III	O .	
1	CERTIFICATION	190 DATE OF OPERAT	TION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		ES, WERE FIND		
1	TIFIC	10/12/	85	Run	tured a	orho	ane	CHUSM	YES NO		TIFYING CAUSES	S OF DEA	
1	CER	210, ACCIDENT WAS UND	L-		OF INJURY	V VEAD	21c. HOW IN	JURY OCCURRE	ED (ENTER NATURE O	FINJURY IN ITEM 18	PART I OR PART 2)		
/	CAL	OR CONTRIBUTING		4111	.M.	19							
	MEDICAL	21d INJURY OCCURE			OF INJURY	ARM FTC)	211 LOCATIO	N	CITY	ORTOWN	COUNTY		STATE
	<	AT WORK AT WOR	RK -				,			1-			
	4	220.1 certify that		/	he deceased from	10	112	19 01	_, to	112	19 00		we) lost
		sow the decease above, (I) (we) (c	did) (did no		y after death		1.011	(our) opinion di	eath accurred on t	he date and ha			ated
	13	22b. SIGNATURE	(4 >1	01	10.	DEGREE	TTENDING	MEDICAL	STAFF	22c. DATE	SIGNED	10-
		22d. PHYSICIAN'S NA	AME ITYPE C	DA O	sure	Vn.	22e ADDRES	PHYSICIAN	DIRECTOR PH	YSICIAN .	10,	199	015
		AILLA			dwin, w	1	7212	D. L	La . 1 1 1	1610	. P.	iia	100
	23n B	URIAL, CREMATION,	REMOVAL			I. D.	EMETERY OR (PEMATORY	123d. LOCATION		UBULA	JIE.	YYIC
	(SPECIFY) BURIAL	KEMOVAL	OCTOE	BER 16,				CITY OR TOV	N	COUNTY	S TOSET T	STAT
	24 FL	INERAL DIRECTOR	40	1/mo	985 MAF	CY LANE	VETER.	ANS CEM	REC'D. BY REGIST		A.A. MA	ARYLA Ture	MD
H	SI	NGLETON FO	JNERA	L HOME	GLEN BURI	NIE,	MARYLAN	D U.	T 1 5 198			Panda	22_





12	971	18		1-	FOR STATE REGISTRAR			DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIEN		2	7 0	/ /	
			6		EASED NAME FI	RST	M	IDDLE	L	AST	20	REG. N	MONTH	DAY YEAR	2h HOUR	?
	e c	r death		{1YPE	OR PRINT)	LLIAN	I JOI	-IN	MILLE	CER. Sr.		October	17.	1985		M
	may	o o	5	3. SEX		4	RACE	1-1	5. DATE C	F BIRTH	6	AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER	14 HRS
-	90	irs of			Male		Whi	te	Dece	ember 16,19		46	YRS.		HOOKS	M IN.
1		2 hou	2/	7a. B1	OUNTRYL	IGN 76		HAT COUNTRY	? 8. MARRIE	NEVER MARRIED	0 9	BALTIMORE CITY				- 13-3
	deoth.	hin 7	19		Maryland			States	WIDOWE	D DIVORCED		Anne Ar				MD.
-0	s offer	filed with	54	.00	en Burnie		(IF NOT IN SUCH	OSPITAL, NURS FACILITY, GIVE STRE	ET ADDRESS)	or other institution	(1	usual occupat ype of work for most lectronic	OF WORKING L	FEI INDUSTRY		
ND 212	24 hour	ould be	56	USUA 130. S Ma	TATE Tyland AT	COUNTY	rundel	Pasader	ORE ADMISSION)	13d. INSIDE CITY LIMITS	5? 13	STREET ADDRESS 7673- 2nd	/ ZIP COD	211 Pasaden		
N I A	ultin .	2 54	10	14 FA	THER'S NAME	M II	ODLE	LAST	11/33	15. MOTHER'S MAIDEN		MIDDLE			SI	
P	S 18	D C			William		_	Milleke	r	Louise	e	G.	#10	Wise		
MORE	明	Poges 1	1	16a W	NO OR UNKNOWN) (IF		122140 00 0414	166. SOCIAL SEC 212-40-0		Janet E. N	Mill		saden	3, 2nd. a, Md.	-	
RECORDS, 201 W. PRESTON ST., B	requires	een signed by the attending physic. Then please remove carbanpapion to burial, cremation, ar removal		CERTIFICATION	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF (b)							7.				
	he low	nsit perm ygiene pr	9	TIFICA	190 DATE OF OPERATION		198 CONDII	ION FOR WHIC	.H OPERATIO	N WAS PERFORMED	4.5	YES NO	IN CERT	IFYING CAUSE:	OF DEATI	1?
DIVISION OF VITAL	PHYSICIAN: T	burial-transit Mental Hygier	CA		210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH	DAY YEAR	21c. HOW INJURY OC	CURRED	ENTER NATURE OF INJ	URY IN ITEM TO	PART I OR PART ?)		
VISION	offendin	s the bu	5 /	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE C	OF INJURY ET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET		CITY OR T	OWN	COUNTY	51	ATE
	R ATTENDIR	for use of Health			22a I certify that (1) the saw the deceased a obove. (1) we) (did)	live on	9/26/	85 19		ad that in (my) (aur) apir	inian dea	, to th occurred on the o	date and ha	ur and Irom the	tha (II)(w	
	0 0	should be detached with the State Dept.			226 SIGNATURD	7	He		/	DEGREE ATTENDIN PHYSICIA 22e ADDRESS	NG AS	MEDICAL STA			17,1	985
		Should Should	1		Thomas C.		lkemer					n Rd./ Pa	saden	a. Md.	21122	
	BP_	6,7		230. B	URIAL, CREMATION, REA	177	23b. DATE Oct. 21	100		emetery or CREMATO		23d LOCATION CITY OF TOWN Glen Bur	nio	COUNTY		ATE 3.0
	DHMH - 10	5 50M 4/8 15, 4)	33		Cully Funer		.3:	204 Mo	untain	Rd. 250	DATE RI	EC'D. BY REGISTRA	R 256. REGIS	TRAR'S SIGNA	TURE	• MO •

Mark that the second of the second of the second Minister 16,1939 August 16,1939 August 16,1939 North and the continue and gund . . OG Tesames eccus brand-research planter-plantering Lathyron Israel and a story of the Authority Come Arthree Laurenan, T. 7671- 2nd St. Armenten. Me. Ele-O-0262 | Janets E. Ellerony Passdons, No. 22122

Manual Tone / President After \$1100

17.195 Later 17.196

303016	1-	FOR STATE REGISTRAR Margare		RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		
POPOTO	I DE	CEASED NAME FIRST	C E. PILITEL	LAST	REG. NO.	AY YEAR 26 HOUR
1 7 T		OR PRINTIM ARGANE	T Ely	MIMER	co/ 24/85	0320 M
- t die d	3 SE	6	1. RACE / AUG	5 DATE OF BIRTH MONTH DAY YEAR		FUNDER I YEAR IF UNDER 24 HRS DNIHS DAYS HOURS MIN.
0 40 01	7n BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	Nov. 7, 1897	9 BALTIMORE CITY OR COUNTY	DEDEATH
4 16 700		COUNTRY)	TO CHIZEN OF WHAT COOK	MARRIED NEVER MARRIED	AA	. DEATH
11111	10. (1	Balt. Md.	II S A	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	MD. 126. KIND OF BUSINESS OR
1 1166	A	-NNAPILLS	(IF NOT IN SUCH FACILITY, CALES	REET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	
1 11 06		AL RESIDENCE (IF NURSING HOME OF TATE			13e.STREET ADDRESS / ZIP CODE	211/11
1 11 11	-	Md. A.	A. Co. Riva		411 Paradise	Rd X1190
· (人人)	The real Party lies and the least lies and the leas	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		
1011 18/14	U	lysses	G. E1	v Frances		French
沙图 11/17	16a V	VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIALS		411 Paradis	
1 8 1	n		ve war or dates)	0-2298 Hugh Mint		
1 11 1			nly ane cause per line for 194 (b		CI III Va a III a Z I	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ifica phy mo- veni		PART I. DEATH WAS CAUSI	ED BY.	puratory talle		SECULE OF SECULE
fing irbo or re		IMMEDIA			1 1	
tend tend on, o	-1.	Conditions, if any, which	DUE TO, OR AS A CONSE	ite courequene	vg mal	
he d he d emo mat	_	gove rise to immediate couse (a), stating the	10)	0	Carenon	
by the		underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF	ALE MINISTER DE	F-Len
gned Trn ple burn	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	ODEATH BUT NOT RELIED TO THE TER	MIMAL DISEASE OR CONDITION GIVE	N IN PART 110
1 1117	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	IICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, IN CERTIFY YES NOT YES	WERE FINDINGS USED ING CAUSES OF DEATH?
59 11 2	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PAI	
34 353	7	OR CONTRIBUTING CAUSE OF DE	AIR	DAY YEAR		
15 de	MEDIC	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	P.M.	19 211 LOCATION		
4 4 4 4 4 4 4	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFF	ICE, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
20 4 54 E		2. 101.	ital) attended the deceased fro	10/100 1081	10/24	9 State (1) () lost
N 1 8 5 7 5		saw the deceased alive or	10/75		n death accurred an the date and haur	
TY DE STATE		abave ([]) (did) (did)	ot) view the body after death	DEGREE		22c. DATE SIGNED
O M P P P P P P P P P P P P P P P P P P		Attill J.	datenta V		MEDICAL STAFF DIRECTOR PHYSICIAN	10/24/81
D HOSF Colored to Could be the figure of		MICHARL .	J. Latenta	04) 1036(1)XNG	AVE ANNAPOLIS	Margo
50 5018		JURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP	1	Burial	10/28/85	Baltimore Nat.	Baltimore,	Md.
DHMH - 16 60M 7/84	24 FU	INERAL DIRECTOR			ATE REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE
(VRA 15, 4)	На	rdesty Funer			1 4 8 1985 This ban	doon-Ainstell

STATE OF MARYLAND

3 301 FL3 can come of he lang (6,18) Olem Fhiles Ab 1444 Charthey Elfs Bunge

295051		1 -	FOR STATE REGISTRAR			DEPARTMENT OF	IEALTH AND	MENTAL HYG	REG. NO		U	, Q
Cota 11			Jose Jose	JOSE A RA	m;	Fchell	OF BIRTH	HELL		MONTH DAY		2b HOUR ZZZ O M IF UNDER 24 HRS.
4 de 1	- 24	1	MALE	(CAUC	JA n		YEAR 1915	70	YRS.	NTHS DAYS	HOURS MIN.
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1/E		RTHPLACE (STATE OR FORE DUNTRY)	IGN 76 CI	IJSA	OUNTRY? 8 MARRIE WIDOW	D NEVER	MARRIED X	Anne Ar			MD.
after de	2/		TY OR TOWN OF DEATH	(H	AME OF HOSPITA	AL, NURSING HOME (, GIVE STREET ADDRESS) Army Hosp	OR OTHER INS	TITUTION	12a USUAL OCCUPATI	ON F WORKING LIFE)	12b. KIND O	Security
24 hours	35	USU/ 13a S	AL RESIDENCE (IF NURSING	COUNTY	INSTITUTION, GIVE RESI	DENCE BEFORE ADMISSION	113d. INSIDE C		13e. STREET ADDRESS 40 Berks			1221
Town it	130	IA FA	THER'S NAME FIRST	Baltimo MIDDLE		sex tchell	15. MOTHER	S MAIDEN NAI	ME MIDDLE		GO 1	T .
	Cool	16a V	VAS DECEASED EVER IN (ES, HO OR UNKNOWN)	U.S. ARMED F IF YES, GIVE YARD	20:	7-01-0227 7-01-0227	17. INFORMA	802	Susquehânn llahan Fune		ne,Pit	18643 tston,Pa.
T., BALT tificote à physicio proponti	treest, the		PART I. DEATH WAS	(Enter only one S CAUSED BY: AMEDIATE CAU		(0), (b), and (c).) HCD (AC	ARRE	3 /				MATE INTERVAL ONSET AND DEATH
on W. PRESTON that the death to tiby the attention leans remove could al, cremation, or	or other traumatic		underlying couse	which diote the lost.	(b)(DE TO, OR AS A (c)	CONSEQUENCE OF JUKNOW CONSEQUENCE OF UNKNOW	N					
eguire n sign Then p	when.	NO		UNKNO	1	JTING TO DEATH BU	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART I	0)
AL RECO	9	CERTIFICATION	190. DATE OF OPERATION		96. CONDITION FO	OR WHICH OPERATION	N WAS PERFO	DRMED	200 AUTOPSY? YES NO	20b. IF YES, Y IN CERTIFYI YES	_	NGS USED OF DEATH?
NG PHYSICIAN The law requorteeding physician offer this certificate has been a sign by burygeness. The hond Amenia Hygeress prings his hond Amenia Hygeress prings his hond Amenia Hygeress prings his hond Amenia Hygeress	Hem 18 s		21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL)	USE OF DEATH	Ib. TIME OF INJUR HOUR A.M. MO P.M.	ONTH DAY YEAR	21c. HOW IN	JURY OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2)	
JVISION JG PHYS otherdin iter this of sthe but h ond Me	morked or t	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	E X	I R. PLACE OF INJU AT HOME, STREET, FACTO	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	NO	CITY OR TOV	VN	COUNTY	STATE
R ATTENDIN hospital or RECTOR. Af	121 із то		22a.1 certify that (I) (the saw the deceased above (II) we did	alive on 13	BOGT	19.85		your) opinion	, to <u>/3 or</u> deoth occurred on the d		ind from the	
0 9 0 00	H. H Hen		226. SIGNATURE	lla	Paru 1	40		ATTENDING PHYSICIAN [MEDICAL STA	FF CIAN DA	13 d	SIGNED OCT 85
TO HOSPITAL entitled by the TO FUNERAL should be det	ATPORTA			41CHAEC	A. SI	<u> </u>		ROUGH	COUNUNIT	DE MI		osp
₽ ₽ ₽ ₽ ₩ \$	2	(URIAL, CREMATION, RE SPECIFY) rial		DATE 10-17-85	St. Jol		CREMATORY	23d LOCATION CITY OR TOWN Pittston	CC	VINUC	Pa.
DHMH - 16 25M (VR A 15 (4)		24. FU	UNERAL DIRECTOR NAME Ck Towson F			ADDRESS1050 Yo		00	E REC'D. BY REGISTRAR T 18 1985	P 40 340	AR'S SIGNAT	

	1-	FOR STATE		TE OF MARYLAND HEALTH AND MENTAL HYGE ER'S CERTIFICATE OF DE	ATH	0 8
5085		REGISTRAR CEASED NAME FIRST PE OR PRINT) MARY	MODLE	18/06 GAY	REG. NO. 20. DATE KNOWN MONTO OF ESTI- DEATH MATED 7	m um E
ARY, PLEASE OUR FILES TZ HOUR NSTREET		IALE BLACK	5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YE) LAST BIRTHD 6 28 1900 85 YE	AY) MONTHS DAYS HOURS MIN	PRONOUNCED DEAD 10	25 15 10
	MAF	IRTHPLACE (STATE OR DREIGN COUNTRY) ITY OR TOWN OF DEATH	TO CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED XX WIDOWED DIVORCED	9. BALTIMORE CITY OF COU ANNE ARUNDI SUAL OCCUPATION (TYPE OF WOR	EL COUNTY
PAGE PAGE	ANN	APOLIS	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 8 College Creek Texas of the College Creek Tex	race	R MOST OF WORKING LIFE)	OR INDUSTRY
F ANY I 2, AND 3 3, RETAIL 3, POULD MERECOR	13a. S	TATE 136. COUNTAINE NAME		13d. INSIDE CITY LIMITS? 13e ST	College Creek	Terrace
P P P P P P P P P P P P P P P P P P P	160.	ALBERT WAS DECEASED EVER IN U.S. AR	MOBRAY MOBRAY MATERIAL SECURITY MOBRAY	FIRST	ADDRESS	HARRIS
S AFTE GIVE P TITH FO PAGES		0	nty one cause per line for (a), (b), and (c).	BERTHA COLBER	T 29 W. Washing	gton St. Ap-
RECORDS, 201 W. PRECORDS, 201 W. PRECORDS WITH THE PENDING WITH THE ARBITH THE ARBITM TH		Conditions, if ony, which gave rise to immediate couse (a) stating the <u>under</u> lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS	(b)	Hyper tension		years
	CERTIFICATION	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH OPER	ATION WAS PERFORMED?	P NATIGE OF INHIBY IN ITEM 10 BART I O	20. AUTOPSY? YES N
S CERTIFICA RRITING THE RRDED TO THE SE 3 SHOULD TE DEPARTME	MEDICAL CI	UNDERLYING OR CONTRIBUTING CAUSE OF 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH DAY YEAR	21f. LOCATION STREET	13 A	COUNTY
SHA SA SHE			ge of the remoins described above, held an oral causes Accident , Su	Autopsy , Inspection , icide , Hamicide . Und	Inquiry , and in my	
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECT AFTER DEATH, WITH TI BALTMORE, MARPLAIL		ACTUAL SIGNATURE EXAMINER'S NA COMES (TYPE OR PRINT)	E. Wheeler. M.D.	M.D. 1116 Gumb	0.000111 110 000	TE 10-25-4
PAGE TO PAGE A P	E	SURIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 236. NAME OF CEA	METERY OR CREMATORY 23d. CI	ÖCATION	OUNTY STATE
DHMH - 17			SONS MORTUARY, P.A.	DOLL 3		SSIGNATURE

20M 4/82

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

HARDESTY

BURIAL

23b DATE

FUNERAL HOME

10/17/85

STATE OF MARYLAND

23d LOCATION

GALESVILLE

COUNTY

wha waydson Handall

STATE

- STATE REGISTRAR			DEFARIT		ICATE OF DEATH	GIENE	REG. NO.			
1 DECEASED NAME	FIRST	011111	MIDDLE		LAST	2a DATE OF	DEATH MONT	H DAY	YEAR	26 HOUR
(TITE OKPRINI)	DORO	THY	К.	I	MORRIS	10	-14-	85		
3 SEX		4 RACE		5. DATE O	OF BIRTH	6 AGE (IN YE	ARS LAST BIRTHDAY)			IF UNDER 24 HE
FEMALE		WHIT	E	NO.	7. 1°, 191°9	65		YRS.	DAYS	HOURS MI
To BIRTHPLACE (ST	ATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMOR	RE CITY OR CO	UNTY OF DE	HTA	
MARYLAN	D	U.S	. A .	WIDOWI		ANTATE	ARUND	EL CO		
10 CITY OR TOWN	OF DEATH	11. NAME OF			OR OTHER INSTITUTION		CCUPATION FOR MOST OF WORK		KIND OF	BUSINESS
ANNAPOL	IS	ANN	E ARUNDI	ÊLGE	ENERAL HOSP	BREED	ER/GRO	OMER		MALS
USUAL RESIDENCE	IF NURSING HOME OF		GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13a STREET A	DDRESS / ZIP	CODE		30.90
MD.	А	A CO	CHURCH		YES NO V	1228		COVE	RD.	412
14. FATHER'S NAME					15 MOTHER'S MAIDEN N	IAME				
CLAREN	CE	MIDDLE C.	KENDA	ΔΙΙ	FIRST F.MMA		D.		LEN	GER
160 WAS DECEASED	EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMANT		ADDRESS	DEDI	2 00	WE DD
(YES, NO OR UNKNOV NO	NN) (IF YES, GI	O WAR OR DATES	213-03-	9480	WILLIAM L	. MORR	IS CHU	RCHTE	N, M	D-207
18 CAUSE OF	DEATH (Enter Dr	nly one couse pe	r line for jai, (b), an	d (c)					APPROXIM BETWEEN OF	NATE INTERVAL
PART I. DE	ATH WAS CAUSE IMMEDIA	:D BY: TE CAUSE (a)	Cerel	wal	anocia-		7.44	37	MKL	1-
8 4 5		DUE TO, C	R AS A CONSEQUE	ENCE OF	A			-	m.	1
Conditions, it	any, which	(b)_	Caro	uac	failus			01	ricea	
cause (a),	stating the	DUE TO, O	R AS A CONSEQUE	ENCE OF	201	41		As .	mos	1
underlying	cause last	(=)	nege	real	seal organ	cum	•		//~~a	
	RSIGNIFICANT	conditions <u>c</u>	ONTRIBUTING 10 I	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITIO	N GIVEN IN	PART 11a	
9		He	perter	seor						
SIG. ACCIDENT W	PERATION	196 CONG	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO		IF YES, WER		
T L						YES 🗌	NON	YES [NO 🗌
	G CAUSE OF DE	216. TIME O	.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCU	IRRED (ENTERNAT	URE OF INJURY IN IT	EM 18 PART I OR	PART 2)	
O (IF EITHER NOTI	FY MEDICAL EXAMINE		.M.	19			0.00		tell.	
OR CONTRIBUTION OF EITHER NOTE 21d INJURY OF	CCURRED		OF INJURY	ARM ETC 1	211 LOCATION STREET		CITY OR TOWN	co	YINU	STATE
AT WORK	AT WORK			A		h	made 1	11 0	20	
220 I certify th	hat (1) (this hosp	ital) attended th	he decepsed from_	MA	, 19	d to 0	700	7 19 0	<u> </u>	hat # (we) I
saw the d	eceased alive and	of view the body	after death.	X5.0	nd that in (my) (aur) apinion	n death accurred	I an the date an	nd have and t	rom the co	auses stated
22b. SIGNATUI		. 1	01	1	DEGREE				2c. DATE S	IGNED
alle	llear	2 X	Wal	4,7	M.D. ATTENDING	MEDICAL DIRECTOR [STAFF PHYSICIAN		500	X85
22d PHYSICIAI	N'S NAME (TYPE O	OR PRINT)		/	22e ADDRESS					
WILLIAM	M H. CHO	ATE. M.	D.		2083 West S.	treet A	nnapoli	s, MD	214	101

23c NAME OF CEMETERY OR CREMATORY

12 AD Ridgely Ave. Annapolis, Md. 21401

WOODFIELD CEMTERY

DHMH - 16 60M 7/B4 (VRA 15, 4)

PARE PORTUGATION COMMON PARE PORTUGATION COMMON PROPERTY OF THE PARE PORTUGATION COMMON PARENTY OF THE PARENTY

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 294023 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a DATE OF DEATH HINOM 2b. HOUS 15 LIVE OF PRINTS AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPAR IF UNDER 24 HRS 3 SEX HOURS TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH 15TATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED | DIVORCED NAME OF MOSPITAL, NURSING HOME OR OTHER INSTITUTION LIF NURSING HOME OR OTHER INSTITUTION IVE RESIDENCE BEFORE 15 MOTHER'S MAIDEN NAME MIDDLE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line to (a), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. PRESTO Conditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b IF YES, WERE FINDINGS USED 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY SIRFFI AT HOME STREET, FACTORY, OFFICE, FARM, ETC } WHILE NOT WHILE A1 WORK AL WORK 220 I certify that (1) Ithis hospital) attended the deceased from and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated 22h SIGNATAL DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 234 NAME OF COMETERY OR CREMATORY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 - wardson- your able (VRA 15, 4)

680168 Course Calling Moses Les Misses in S. The transfer of the section of the s CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE Em : Hogamilia all gorbaid Est and adds (Timbill C) Taylor from cel 1 Hajer L - Strange La Ta

DEPART

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

27084

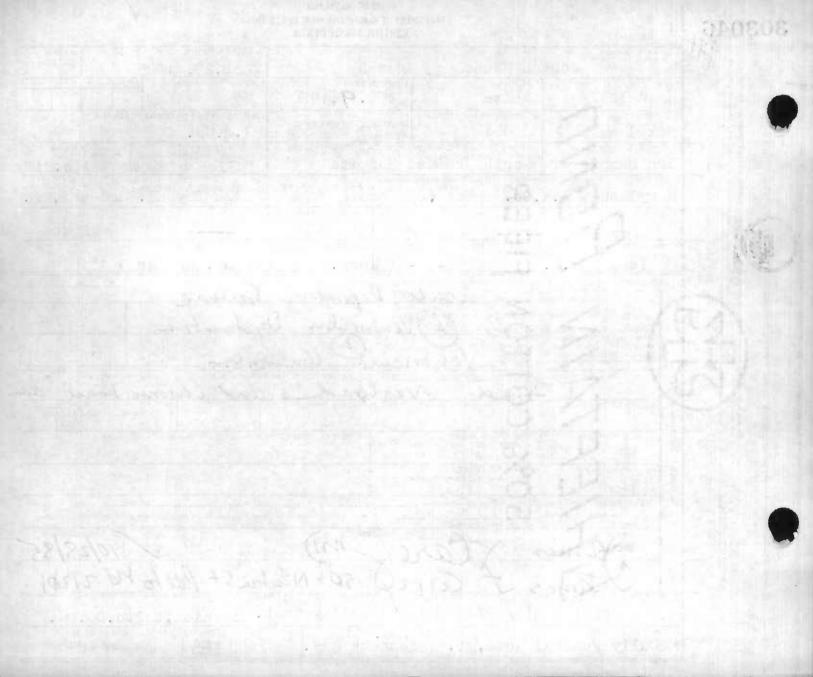
4	the Puge 4 may be	illia 72 hours ofter death
IMORE MARYLAND 21201	Mar 24 hours often	Age - appeter that in by the triberol of Fagers, and 2 hould by fled within 72 hould by fled within 72 hours
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 21201	» requires that the death certificate	seen signed by the attending physical nit. Then please remove carbon popularior to buriol, cremation, or removal
DIVISION OF VITAL RE	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certifical recording the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical recommendation in the time of director, page 3 should be detached for use as the bundi-transit permit. Then please remove carbon popular FageD and a mould by tiled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

n signed by the attending physicary	Then please remove carban patter Fageth, and a mould be	To buriot, cremonion, or removal	injury, or other froumotic event	501
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicant	should be detached for use as the burial-transit permit. Then please remaye carbon points trained in	with the State Dept. or neotin and Memoi hygiene prior to burior, cremotion, or removal	IMPORTANT, If them 21 is morked or free 18 shows any injury, or other froumblic event.	77

DHMH - 16 60M 7/B4

(VRA 15, 4)

	REGISTRAR								REG. NO	O.			
	CEASED NAME	FIRST	MIDDLE		Murphy			20. DATE OF DEATH MONTH DAY YEAR 26 H					DUR
JOS		Josep	h Ja	mes				Oct	, M				
3 SEX 4 R			RACE		5. DATE OF BIRTH			6 AGE INY	EARS LAST BIR	THDAY)	IF UNDER 1 YEAR		DER 24 HRS
Male White			Sept. 97, 1920			65		YRS	MONTHS DAYS	HOUR	MIN.		
To BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY?			8 BALTIMORE CITY OR COUNTY OF DEATH										
Maryland			USA		MARRIEX NEVER MARRIED WIDOWED DIVORCED			A.A.Co.					
10 CITY OR TOWN OF DEATH					G HOME OR OTHER INSTITUTION			128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY					NESS OR
len Burnie			North Arundal Hos						Police officer Balto.Cit				.Cit
13a. S	at residence (IFN) STATE Aryland	13b COUNTY	Y	Pasaee1	V	130 INSIDE CITY LIV		13. SIREE 6	DORESS /	ZIP COD	·Pasad	211 ena	22 ,Md.
14. FA	ATHER'S NAME	A IF	OOLE	LAST		15 MOTHER'S MAI	DEN NAM	۸E	MIDDLE			0.4	
	Geral	d _		Murnh	rv Eva			MIDDLE			Wright		
16a V	WAS DECEASED EV	ER IN U.S. ARME	D FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT			ADDRE	SS			
t.	YES NO OR UNKNOWN)	W.W.2	VAR OR DATES)	219-01-	-4772	Mrs.Mar	y M	Jurphy	, San	ne a	s # 13		
	18 CAUSE OF DE	ATH (Enter only	one couse pe	line for (a), (b), and	lici.)	,					APPROI BET WEEN	(IMATE IN	TERVAL ND DEATH
	PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ACULE REGIONATOR Touleure												
631		MMEDIATE		- 10			00	(1				
	DUE TO, OR AS A CONSCOUENCE OF												
	gove rise to immediate												
	couse (o), stoting the UNETO, OR AS A CONSEQUENCE OF Underlying couse lost.												
0.0	10 VINIVICION UNILLA SIN												
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
<u>o</u>		+	luca	e o	1011	oad		and	66	non	u Ken	w	ter
CERTIFICATION	190 DATE OF OPERATION 196. CONDITION F		ITION FOR WHICH	OR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINI IN CERTIFYING CAUS				NGS US	SED	
=			1					YES	NO		ES T	NO	
8	21a. ACCIDENT WAS	UNDERLYING	216. TIME C			21c HOW INJURY	OCCURRE	ED (ENTERNA	TURE OF INJUR	RY IN ITEM 18	PART 1 OR PART 2)		
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY												
WEDICAL	21d. INJURY OCCU			.M.	19	211 LOCATION	-	_					
WE		LAT HOME STREET EACTORY OFFICE E					CITY OR TOWN COUNTY				STATE		
		WORK											
	122a.1 certify that (1) (this hospital) attended the deceased from												
	sow the deceased above, (1) (we) (did) (did not view the bady after death.												
	276. SIGNATURE DEGREE DEGREE												
	Comes Taron Mattending MEDICAL STAFF 10/28/85												
	22d PHYSICIAN'S NAME (TYPE OR PRINT)												
		ames	J	. Car	ey)	1071	1 Car	teiws:	T 12	uto	14	12	P
	SURIAL, CREMATIO		236 DATE 10/29		AME OF C	METERY OR CREM	-014	23d LOCA	TION OR TOWN		COUNTY		STATE
	Duli	al	10/29	100 mars	riiey	Valley	Cemt	Time	oniu	m, Ba	lto.Co	.Md	
24 FL	UNERAL DIRECTOR			Pasadena	, Md .	21122	250 DATE	REC'D. BY R	EGISTRAR	25b. REGIS	TRAR'S SIGNA	TURE	
MC	CUITLY F	uneral	Home	,Mt. ARRESTI	ckne	eck Rds.	OC	128	985	- was	المساكنة المالا	SOME OF	and the same



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

the same	
	ECT

1	REGISTRAR	REG. NO.							EST		
	DECEASED NAME FIRST	MIDDLE		LAST		EL. DATE OF BEATH			YEAR 26 HOUR		
1	THOMAS	MURRAY	MURF	HY	SR	OCTOBE	31	, 1985	0845 A		
3	SEX 4.	RACE	5. DATE C		YEAR	6. AGE (IN YEARS LAST B		MONTHS DATS	HOURS MIN.		
L	MALE	WHITE		JUNE 01, 1921		64					
70	BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) MARYLAND	U.S.A.	Y? 8 MARRIE WIDOWE		R MARRIED DIVORCED	9 BALTIMORE CITY	OF DEATH	Y MI			
10	GLEN BURNIE	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, SIVE STRE NOR THE ARUND F	PITAL	ISTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST MANAGER	MOST OF WORKING LIFE) INDUSTRY					
13	SUAL RESIDENCE (IF NURSING HOME OR O TO STATE 136 COUNT MARYLAND ANNE A		WN	13d. INSIDE	CITY LIMITS?	13e.STREET ADDRESS 306 BAYLOF			061		
1	FATHER'S NAME FIRST THOMAS E	MURPHY		R'S MAIDEN NA/ FIRST DRRETTA	GALLAGÎ	SALLAGHER					
16	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) YES WW I	WAR OR DATES)	MARIE J. MURPHY (WIFE) SAME AS #13								
	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) Comminant and							APPROX BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	Chaf colo				2				
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0										
	19a DATE OF OPERATION	196. CONDITION FOR WHIC	N WAS PER	FORMED	20a AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?					
		21b. TIME OF INJURY HOUR A.M. MONTH P.M.	.M. MONTH DAY YEAR				ury in item 18 f	PART 1 OR PART 2)			
IA CHARACTER	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)		21f LOCA STR		CITY OR T	CITY OR TOWN COUNT				
	220.1 certify that (1) (this haspital saw the deceased alive an	101-11	2	nd that in (m	y) (our) apinion	death accurred on the	date and hav	r and fram the	that (I) (we) los causes stated		

BP.

O FUNERAL DIRECTO

PORTANT

DHMH - 16 60M 7/B4 (VRA 15, 4) 230. BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL 1985

22b. SIGNATURE

22d. PHYSICIAN' NAMI

abave, (1) (we) (did) (did not) view the bady after death

FOR

13,

311,155

23c NAME OF CEMETERY OR CREMATORY
HOLY TRINITY CEMETERY

DEGREE

22e ADDRESS

23d LOCATION
CITY OF TOWN
ELKRIDGE

MEDICAL STAFF
DIRECTOR PHYSICIAN

300 HOSPITAL DRIVE, SUITE 134

MARYLAND 21061

HOWARD MARYLAND

22c. DATE SIGNED

24 FUNERAL DIRECTOR
SINGLETON FUNERAL HOME, GLEN BURNIE, MARYLAND

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Sb. REGISTRAR'S SIGNATURE

WITTON HOUSE ISSUED BUILDING BETT AT AT A THE STATE OF THE STATE

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4) NERAL DIRECTOR
LYLOR FUNTERNZ CHAPPLE HANNAPOLIS MD OCT 30 198

ShareGISTRAR'S SIGNATURE.

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	1		STATE OF MARYLAND	118/
24444	2		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE	0 0 1
31111			REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
			CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH OF PRINT)	
25 % S.	E .	H	SOBERT SIMPSON NELSON JR DEATH MATED 10	261985 0030
A CLEAN	IRE	3. SEX	4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH	DAY YEAR 24 HOUR
S. R. F.	Z	M	ALE COUC. 10-7-1943 42 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD 10	26 XI 0200
Z Y A B A D O L	Ser 1	70. BII	RTHPLACE (STATEOR 1/2 CITIZEN OF WHAT COUNTRY? 1.	TY OF DEATH
IS NECESSARY, PLEASE F FUNERAL DIRECTOR. E S.AGR. YOUR FILES.	数り	00	REIGN COUNTRY) MARRIED VINEVER MARRIED	1117616
A D S	3	19 (1)	TY OR TOWN OF DEATH III. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (TYPE OF WORK	LIU GE CUID
AY IS NE FUN PAGE 5.4	54	1	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FACILITY, GIVE TREET ADDRESS)	126 KIND OF BUSINESS
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ANY AND 3	S	MI	ACULANT A. H. CO. SEVERNA PK YES NO IN	Drule
A PASS	35	4.FA	ATHER SNAME 15. MOTHER'S MAIDEN NAME	47117
PT 75 No. 100	241		ROBORT MODES NOISON BONTOICE MIDDLE	LAST /
A SE	8-4	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS	ne AS
# E-0.5	6 /		ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	10 # 15
BALTIMORE S AFER DEA GIVE PAGES GIVE PAGES PAGES SIN PAGES	2/		The state of the s	
1 5 m × +	0		18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
N HANG	N X	5	IMMEDIATE CAUSE (o)	
RESTON ST HIN SH HO E A AND SH	50		DUE TO, OR AS A CONSEQUENCE OF	
是(三月)A	18		Conditions, if ony, which gave rise to immediate (b) Termono and order	
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8 5503	ŽZ.		lying couse last.	
VITAL RECORDS, 201 S-POUD BE EXECUT ORD "PENDING" IN OHE MEDICAL EX	A P		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
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A MAN A	3.7	CERTIFICATION	1% DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
TAL R	A SEC	H		
7 000		E	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART I OR P	YES NO
S CERTIFICATE RRITING THE W RDED TO THE	186		UNDERLYING OR HOUR A.M. MONTH DAY YEAR	ART 2)
O FOR	A O	S	CONTRIBUTING CAUSE OF DEATH P.M. 19	
SE S	E E	MEDICAL	216 INJURY OCCURRED 21e PLACE OF INJURY 14 HOME, 21f LOCATION WHILE NOT WHILE STREET CITY OR TOWN CO	OUNTY STATE
WR WR	A 12		WHILE NOT WHILE AT WORK STREET, FACTORY, FARM, ETC.)	
AR. T	E ST D, 2		220. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry . , and in my a	Ounion
₹ 5 × 5	I A		death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	Pillott
A PER CAR	FEE			
2 0 3 3	§		ACTUAL O S () () DATE	1ED 10-26-85
2 H H H	Z Z		SIGNATURE M.D. THE GUMBOTTOM ROAD SIGN	ED / O
G S S S S S S S S S S S S S S S S S S S	N N		EXAMINER'S NAME James E. Wheeler, M.D. ADDRESS Crownsville 21032	
TO MEDICAL EXAMINER: THIS CRITIFICATES EXECUTE THE CRITIFICATE WRITING THE WIGHT SHOULD BE FORWARDED TO THE	E T			
<u>⊢</u> w o. ⊢	4.00	136 BL	JRIAL CREMATION, REMOVAL 236 DATE 231, NAME OF CEMETERY OR CREMATORY 236 LOCATION CONTROL OF COMPANY CONTROL OF CONTROL O	COMPTATE O CYTHU
BP	_	24 51	SUCIAL 10/29/85/MD. VETERALS CEM COUNTS VILLE JUNE 1250 DATE REC'D BY REGISTRAR'S REGISTRAR'S	H.H. (1)
DHMH		1	NAME ADDRESS TO LO TO	SIGNATURE
(VR A15 /		5	PARTANCO F.H. SEVERNAPKIMD' ULI3093 JAMES	Land Barrier I
20M 4	/ D4		5110	The same of

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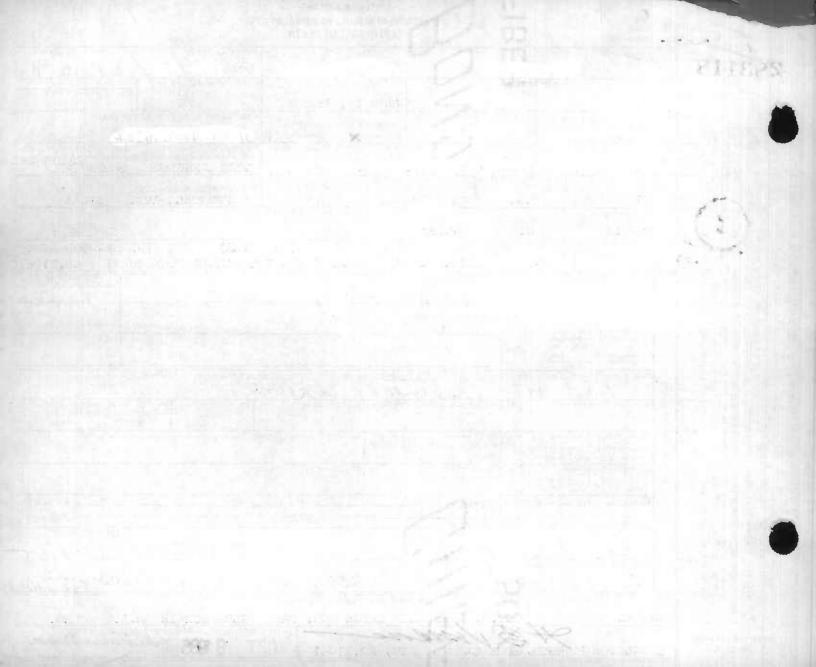
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304030 4		CEASED NAME OR PRINT) VERON	VICA		C.		NNOR		OCTO			, 1985	745 F
may offer do	3. SE	Female		RACE Whit	e	5. DATE	DF BIRTH	04	6. AGE (IN YEARS L		YRS	IF UNDER I YEAR	HOURS MIN.
16	1	RTHPLACE (STATE OR FOR COUNTRY) ennsylvania	REIGN 7b		J.S.A.	TRY? 8 MARRIE WIDOW		MARRIED K	9 BALTIMORE C			OF DEATH	TY MD
100 attack	10 C	GLEN BURN				DEL ^{DD} HOS		STITUTION	120 USUAL OCCU (TYPE OF WORK FOR A Clerica	MOST OF	WORKING LIFE	E) INDUSTRY	of BUSINESS OR
AND 2 IS IN THE PARTY OF THE PA	Ma	aryland	BE COUNTY		I3c CITY OR Linth		13d. INSIDE	CITY LIMITS?	13e STREET ADDR	ess/:	ZIP CODE	Road 2	21090
WARN COLOR	V	Michael	MID			nnor		rs MAIDEN NAM	tte			S	Shaller
IIMORE.		NAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARME (IF YES, GIVE W			4-4867	Beat		Schwartz	DDRES		e as 13	Be XIMATE INTERVAL
15, 201 W. PRESTON ST., uires that the death certific signed by the attending ph ten please remove carbon pi s burial, cremation, or remo ury, or ather traumatic even	z	Conditions, if any, we gove rise to immediately stating	which diote the last.	DUE TO, OF	R AS A CONSI	EOUENCE OF		D TO THE TERM		COND	ITION GIVI	EN IN PART 1	10
he low req on. has been at permit. It permit. It is ene prior it ows ony inj	CERTIFICATION	190 DATE OF OPERATIO	ON	196 CONDI	TION FOR WE	HICH OPERATIO	N WAS PERF	ORMED	200 AUTOPSY	_	IN CERTIF	, WERE FINDS YING CAUSES	
DIVISION OF VITAL RECORDS, REATTENDING PHYSICIAN: The low requir hospital or attending physician. RECTOR, After this certificate has been sig- hed for use as the burial-transit permit. There pept of Health and Mental Hygiene prior to be tem 21 is marked or Item, 8 shows any injur-	MEDICAL CER	210 ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTHY MEDICAL 21d. INJURY OCCURREL WMILE NOT WHILE AT WORK 270 I certify that (I) (It sow the deceosed obove, (I) (we) (did	USE OF DEATH LEXAMINER) D his hospital	P. J. 21e. PLACE (AT HOME, STR.) offended the	M. MONTH M. OF INJURY EET, FACTORY OF	0m	211 LOCAT STREE	ION ET, 19	CITY , 10 Jeoth occurred on	OR TOW	N	COUNTY	
HOSPITAL Or FUNERAL D. Pull Be detoch the the Store D. Poster D. P	+	225 SIGNATURE 227 PHYSICIAN'S NAM MARC A	1.1	11	D.		22e ADDRE		MEDICAL DIRECTOR PI 845 OAKWA RNIE, MD	100D	ROAL		E SIGNED
Bb——— 5 5 5 € ₹ ₹ ——	23a.	BURIAL, CREMATION, RE (SPECIFY) Buria	MOVAL	23b. DATE 10/30		23c NAME OF C	EMETERY OR		23d LOCATION Glen	1		COUNTY A.A.	STATE Md
DHMH - 16 60M 7/84 (VRA 15, 4)	24GF	OTE GO GO	nce 4	001 Ri	tchie	Hgwy Ba	lto Mc	250 DATE	REC'D. BY REGIS	TRAR 25	Sb. REGISTI	RAR'S SIGNA	TURE

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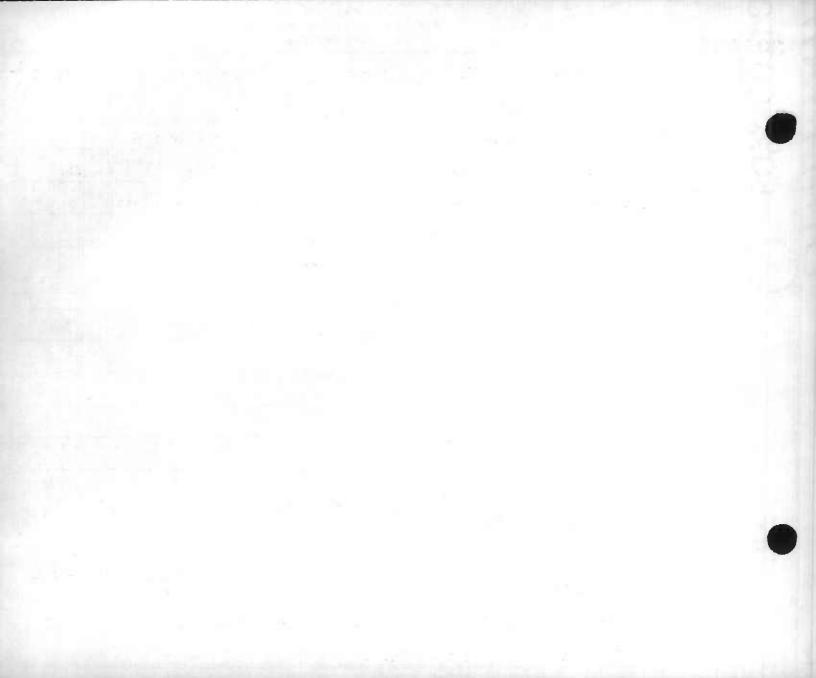
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	5	2	7	1

1	1 -	STATE REGISTRAR				CERTIF	ICATE OF DE	ATH	RE	G. NO.		
ı		EASED NAME	FIR51	,	AIDDLE		AST		20. DATE OF DEA	ТН момтн	DAY YEAR	2b HOUR
	(TYPE	OR PRINT)	John		F.	Pa	rks		October	25,	1985	11:00 A
ı	3. SEX			4. RACE		5. DATE C			6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	M	Male		White		Mar	1 00 7	901	84	YRS.	MONTHS DAYS	HOURS MIN.
4	7a BIR	RTHPLACE (STATE	E OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8			9. BALTIMORE C		TY OF DEATH	
	Pé	ennsylva	nia	U.S.A.		WIDOWE	D NEVER MA	DRCED	Anne	e Arunde	el	MD.
	10 CI	nnapoli:	DEATH S	Bay Ma	H FACILITY, GIVE ST		OR OTHER INSTIT	UTION	12a USUAL OCC ITYPE OF WORK FOR Machin	MOST OF WORKING	LIFE) INDUSTRY	of Business Or Istry
2	13a. S	Maryland	13b. COUN	TY	13c. CITY OR T	own sville	13d. INSIDE CIT	10 [X]	Lot 99 S			21052
4	14. FA	THER'S NAME John		MIDDLE	Parks		FII	isi a	MIC	DLE	LA	51
٦		AS DECEASED E		MED FORCES?	16b. SOCIAL S	ECURITY NO.	17 INFORMAN			ADDRESS		
1		No	(212-10	-6137	Irene C	ampbel	1, Same	as 13		
		18 CAUSE OF D PART I. DEAT	H WAS CAUSE	ly one cause per D BY: E CAUSE (a)	line for (a), (b)		Bor	est.			BETWEEN	MATE INTERVAL ONSET AND DEATH
		Conditions, if gove rise to cause (a), s underlying co	immediate	(b)	R AS A CONSE	entra	seula	NA	cerde	Cert		
	NO	PART 2 OTHER	SIGNIFICANT	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED T	O THE TERM!	NAL DISEASE OR	CONDITION G	IVEN IN PART II	a ·
1	CERTIFICATION	19a DATE OF OP	ERATION	196 COND	ITION FOR WH	IICH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY YES NO	IN CERT	ES, WERE FINDI TIFYING CAUSES YES []	
,		210. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	the state of the s	TH HOUR A.	M. MONTH	DAY YEAR	21c HOW INJU	JRY OCCURRE	ED (ENTER NATURE	OF INJURY IN ITEM IS	8 PART I OR PART 2)	
	MEDICAL	21d INJURY OCC	OT WHITE I	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	211_LOCATION	V	CIT	Y OR TOWN	COUNTY	STATE
		22a L certify that sow the decabave, (1) (vg	ceosed alive on	10	22-1	CIC	nd that in (my) (c	our) opinian d	eath occurred an	the date and he		that (I) (we) lost causes stated
7		SCORATUR	yma	MI		p	() PH		MEDICAL DIRECTOR P	STAFF HYSICIAN 🗀		25.85
		C. V.	CYRI	AC				NBUR	NIB.	MELL		AUR
	23a B	URIAL, CREMATI					EMETERY OR CR		23d LOCATION		cQunity	STATE
		Buria		Oct 28	3,85	Glen Hav	ven Mem.		Glen E		AA	MD
	24 FU	INERAL DIRECTO	R		ADDes	355			REC'D. BY REGIS	- 1 / 1		
		Jame	S S. K	irklev.	Glen B	urnie. M	MD	100	169 198	5 grilia	5.6	一个村里

DHMH - 16 50M 4/83 (VRA 15, 4)

James S. Kirkley, Glen Burnie, MD

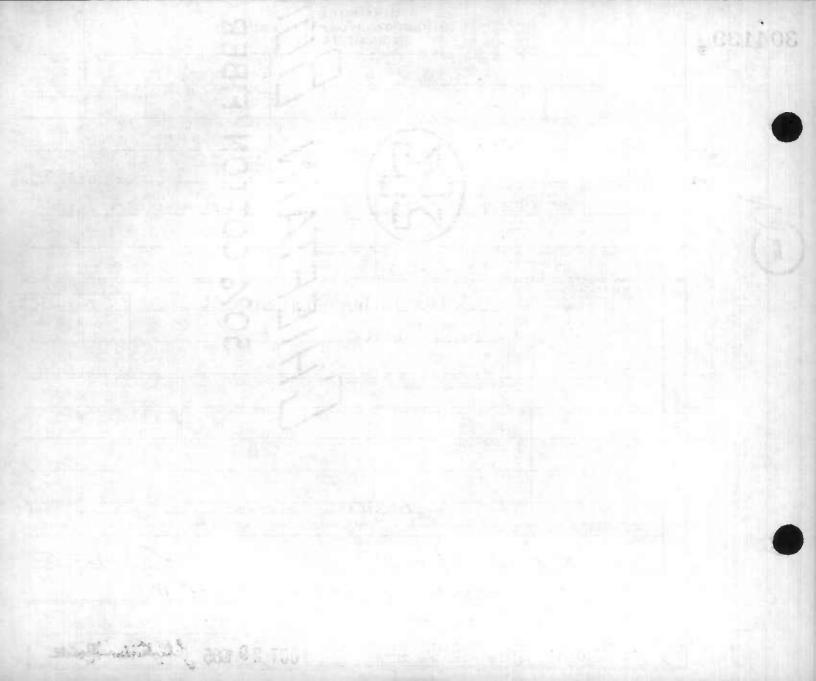


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m.c			CEASED NAME	FIRST	M	IDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
oy be loge 3 death				GEORG	E A	. PA'	TERIS	BUS SS		OCTOBER 26	, 198.	5	4 a.
r. po		3 SE	X	4	RACE		5. DATE		VEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATS	IF UNDER 24 HRS
8 9 1	11		MALE		WHIT	E		BER 3, 19	00	85	YRS		
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the train	8 1/4		GREECE		U,S.A		WIDOW	DIVOR	CED 🗌	ANNE AR		COUNTY	м
to the state of th			TY OR TOWN OF DEA	TH 1	HE NOT IN SUCH	OSPITAL, NURS FACILITY, GIVE STRE IVERDAL	ET ADDRESS]	OR OTHER INSTITU	TION	17a USUAL OCCUPATI I TYPE OF WORK FOR MOST O RETIRED		IFE) INDUSTRY	CAURANT
-	20	USU 130	AL RESIDENCE (IF NURS	13b COUNT		13c. CITY OR TO	WN	1 13d. INSIDE CITY I	LIMITS?	13e.STREET ADDRESS	ZIP COD	E	
5	2	-	ARYLAND	ANNE	ARUNDEL	ANNAP	OLIS		X	1516 RIVE	RDALE	DRIVE	21401
X 7	H	14 FA	ARISTID	ES ~	G.	PATER	IS	15. MOTHER'S MA			P	OLITIS	.51
	den/	160 \	VAS DECEASED EVER		MED FORCES?	16h SOCIAL SEG		17 INFORMANT		ADDRE		14.50	
1	1		YES NO OR UNKNOWN)	WW I	.1	213-01	-6202	ANNABEL	LE PA	ATERIS 1516	RIVE		
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en signi Then p	njury,	NO	PART 2 OTHER SIGN	IIFICANT CO	ONDITIONS <u>CO</u>	NTRIBUTING TO	D DEATH BUT	NOT RELATED TO	THE TERMI	inal disease or con	DITION GIV	VEN IN PART 1	(0)
the low ion. hos been if permit	J 2	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDIT	ION FOR WHIC	H OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CERTI	S, WERE FIND FYING CAUSE: ES	
hysic ficote frons Hyg	# 12		210. ACCIDENT WAS UND		21b. TIME OF	INJURY A. MONTH	DAY YEAR	21¢ HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
SICIA og p certif riol-i	Fea	CAL	LIFEITHER NOTIFY MEDIC	AL EXAMINER)	P.A		19						
ottendir ottendir ter this is the bu	rkedor	MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR		21e. PLACE C	OF INJURY ET, FACTORY, OFFICE	E FARM, ETC]	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
NDIP I or a R Af	om si		22a certify that (1)					gust 1	9 85	, to			, that (I) (we) los
Spito CTO Off	21		sow the decease above, (I) (we) (d	d olive on_ id) (did not)	view the body o	ifter deoth.		nd that in (my) (our	l opinion d	leath occurred on the de	ote and hou	ond from the	couses stated
he ho DIRE	H Hen		226 SIGNATURE	,	1 Ra	101.40	1 m	DEGREE	NDING	MEDICAL STAI	FF \	22c. DATE	SIGNED
HOSPITAL ined by th FUNERAL wild be det	Z -		2NPHYSICIAN'S NA	ME (TYPEOR	PRINT)	raye	W "	22e ADDRESS	SICIAN [DIRECTOR PHYSIC	IAN	10/6	17/83
etoined TO FUNI should b	IMPORTANT	22 .	PATRI	CIA	BA	RIDITO	H	LRUH	14	Belto	, mo	1.	
BP			URIAL, CREMATION, I SPECIFYI BURIAL	REMOVAL	10/29/			EMETERY OR CREAT		WOODLAWN		MARYLA	ND STATE
DHMH - 16 60M (VRA 15, 4)		24 FU LER	OY My & RUSSI O Edmondson	ELL C. 1	WITZKE FU	NERAL AHOM	E OF CA	ONSVILLE		REC'D. BY REGISTRAR	P REGIST	IRAR'S SIGNA	
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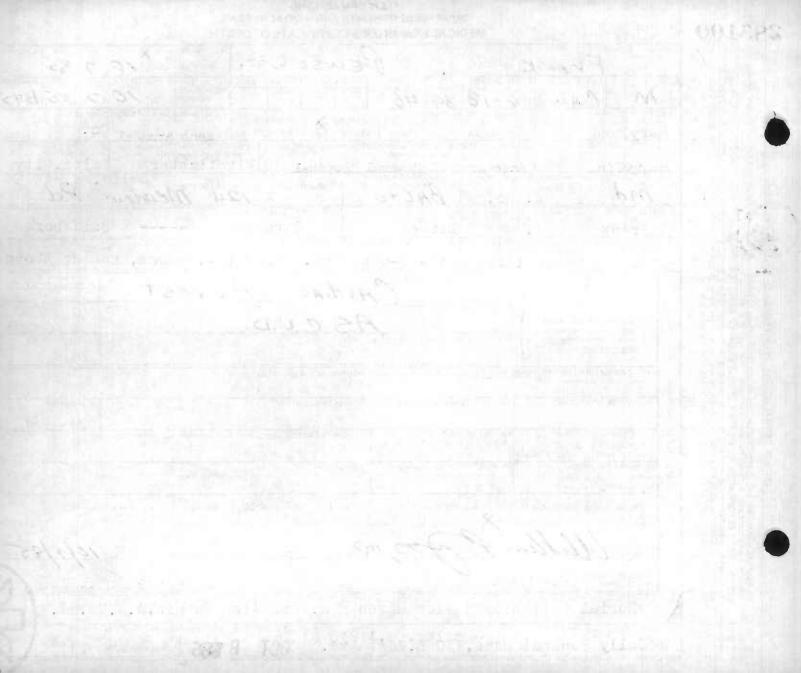
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DIVISION OF VITAL

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283100		REGISTRAR	MED	DICAL EXAMIN	IER'S C	ERTIFICATE C	F DEATH RE	G. NO.	
V5		CEASED NAME FIRST		MIDDLE	0	LAST	20. DATE KNOV OF EST	AN X WONTH	DAY YEAR 26. HOUR
発売された	,	FVAN	K	M.	PE	uschi	Sr. OF EST	D 010	7 1085
20E3E	3 SEX		5 DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	DER 1 YR. IF UNDER		MONTH	DAY YEAR 2d. HOUR
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日本の日本の	FO	REIGN COUNTRY)		AL COOKINT:		ED NEVER MARR	IED 📙		Co.
22 m 3 /4		ary land TY OR TOWN OF DEATH	USA		WIDOW		Attitle A	rundel	MD
2. 五克田多	10. 01	IT OR TOWN OF DEATH		PITAL, NURSING HOMI	E, OR OTH	EK INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIF	F)	126 KIND OF BUSINESS OR INDUSTRY
301322		napolis	Anne aru	ndel Gener	al Ho	spital	Firefight	er	Balto.City
5 25250	USUA 13a. S	L RESTDENCE (IF IN NURSING HOME O		13c. CPT OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS.	Balto	o.Md 21,225
E SERGED		md. A	.ACo.	BALTO	>	YES NO	124 M	endow	, Rd.
9 1-83	14. FA	THER'S NAME	MIDDLE			15. MOTHER'S MAIDE			
原本が多わり	1	Frank J	MODIE	Peusch		Caro	lyn	(Goldsboro
100000000000	160 V	AS DECEASED EVER IN U.S. ARA		166. SOCIAL SECURIT	Y NO.	17. INFORMANT		DRESS	
一种	(4		time	213-36-0	967	Mrs Maro	aret T. Peu	sch Sar	me as Above
1-00E25 /	-	18 CAUSE OF DEATH (Enter onl				TIL D TIME	0200 Z.•200	0011,000	APPROXIMATE INTERVAL
THE POST OF THE PO		PART I DEATH WAS CAUSED	BY:	for (0), (b), and (c).)	7	dias.	Arres	*	BETWEEN ONSET AND DEATH
WALE PER PROPERTY NAMED IN VALUE OF THE PER PROPERT		IMMEDIAT	E CAUSE (o)	AS A CONSEQUENCE	TTV	UIAC	11000	,	
		Conditions, if ony, which	DOE TO, OK	AS A CONSEGUENCE	-	S.C.V.I			
WITHEN NCIL IN UNER A RANSITAL HY R REMC	1	gove rise to immediate	(b)	,		2,0,0,1),		
- USS 750		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF				
DS, 30 MECUTE MG" IN AL EX BURIAL AND A			(c)						
SWA BI	-	PART 2 DIHER SIGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH R	UT NOT RELATED TO THE TERM	UNAL DISEASE	DR CONDITION GIVEN IN PA	RT 1 (a).		
2 第三年の日本	CERTIFICATION								
DIVISION OF VITAL RESCRIPTION OF VITAL RESCRIPTION OF WARD "PER REDED TO THE CHIEF RESCRIPTION OF THE DEPARTMENT OF HER RESCRIPTION OF THE RESTREAMENT OF HER RESTREAMENT OF THE RESTREA	CA	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPER	W NOITA	AS PERFORMED?			20 AUTOPSY?
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	E								YES NO
O PENE		210 EXTERNAL CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YEAR	21c. HC	W INJURY OCCURRE	D LENTER NATURE OF INJURY IN	TEM 18 PART T OR PAR	tT 2)
S SECTIONS	18	CONTRIBUTING CAUSE OF D	P.M.	19					
S CRTIFICATE SHOU STRITING THE WORD." RDED TO THE CHIEF R.3 SHOULD BE USE E DEPARTAMENT OF I OI PRIOR TO BURRA	MEDICAL	21d INJURY OCCURRED		FINJURY (AT HOME,		TREET	CITY OR TOWN	COU	UNTY STATE
DIN THIS C WARD PAGE TATE (21201	>	WHILE NOT WHILE C		and the state of			CHTOKIOWIA	COO	INIT
RE THI TE, W DRWA RE PAGE E STAT	188	220. I certify that I taok charge	of the remains desc	rihed above, hold as	Autops	y , Inspectio	n X, Inquiry	ond in my op	
A S S S S S S S S S S S S S S S S S S S			rtv.		icide	Homicide .	Undetermined manner	one in my op	inion
EXAMI CERTIF OLD BE DIREC WARYL		dealli resulted from: Noton	or cooses 4	Accident [1], 30	icide []		Ondetermined monner	LJ,	
A SOUTH A		ACTUAL ///	lone AC	No.	Mo	Denuty		DATE	10/2/05
SET		SIGNATURE CHUM	- /	/		o. <u>repricy</u>	MEDICAL EXAMINER	SIGNE	010/1/00
MED HAND		EXAMINER'S NAME William	P. Jones, M.	5.		ADDRESS 695 Amer	rica Ort., David	denville	MH 21035
TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23n RI	JRIAL, CREMATION, REMOVALLY	h DATE				123d LOCATION		
	(5	PECIFY) Burial	10/10/85	Glen Hav	ren N	ecrematory Iem.Park	Glen Burni	e, A. AOUN	To . Md . STATE
BP	24. FU	INERAL DIRECTOR					REC'D. BY REGISTRAR 25h		
DHMH = 17 (VR A15 ME (5))	IV	ccully Funera	HOME	Balte: Fd:	4127	חח			r-Randell
20M 4/B2		TOTAL TAILOR	al monte,	1,0 11.101	. 0 11 1	06	8 1985	AND FRANCIACES	



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007	- S1	TATE GISTRAR		MED	ICAL EXAMINE	R'S CERTIFICA	TE OF DEATH	REG. NO.		
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	. ST		A		6 LEN BUS	13d. INSIDE CITY LI	MITS? 13e. STREET ADDR	Ess Whi	tman	Dr
20		Andrew	MIDDLE		Pollack	Miche		ary	Morea	911
1 160		AS DECEASED EVER IN U.S.	ARMED FORCE		166. SOCIAL SECURITY		Glen Burn		land 210	061
		No				Andrev	Pollack	1318 Wh		TEINTERVAL
		8. CAUSE OF DEATH (Enter PART I DEATH WAS CAU IMMED	SED BY: DIATE CAUSE (c	a)	SA CONSEQUENCE O	rdiAC	Anre	5 t.	BETWEEN ON	SET AND DEATH
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NOTIFICATION	INICAL	90 DATE OF OPERATION				TION WAS PERFORMED	99		20 AUTOPS YES	NO [(
7	3	IO. EXTERNAL CAUSE WAS INDERLYING OR CONTRIBUTING CAUSE O	OF DEATH	P.M.	MONTH DAY YEAR		CURRED (ENTER NATURE OF E	NJURY IN ITEM 18 PART 1	OR PART 2)	
MED	MED	MHILE NOT WHILE AT WORK		PLACE OF	INJURY (AT HOME, RY, FARM, ETC.)	211. LOCATION STREET	CITY OR T	иwc	COUNTY	STATE
6		220. I certify that I took ch death resulted from: No ACTUAL	arge of the rem	(7)	Accident , Suic		Dection Inquiry Undetermined in IFY) MEDICAL EXA	nonner .	ATE GNED 10/2	9/85
7 730	_	XAMINER'S NAME WILL TYPE OR PRINT)		ones,	1.D.	ADDRESS 695	America Ort.,	Davidsonvil	/	5
	(SPE	Burial	10/30	/85	Holy Red		23d LOCATION CITY OF TOWN Baltim		COUNTY Maryl	and
IMH - 17	- 1	mond C. Fi	nk Gle	ADDRESS en Bu	rnie, Md	21061	DATE REC'D. BY REGISTR	Alia David	S SIGNATURE	1

STATE OF MARYLAND

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TTENDING PHYSICIAN The law requires that the death certificate be enumed while A hours ofter death. Page a man	be en une 4 hours ofter deoth. Poge 4 miles
pital or attending physician.	
TOR. After this certificate has been signed by the attending physician and commence fulled in by the functal directs and a fact that within 72 hours and the hind within 72 hours and the first that within 72 hours and the first	Pages 1 and 2 should be filed within 72 house

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

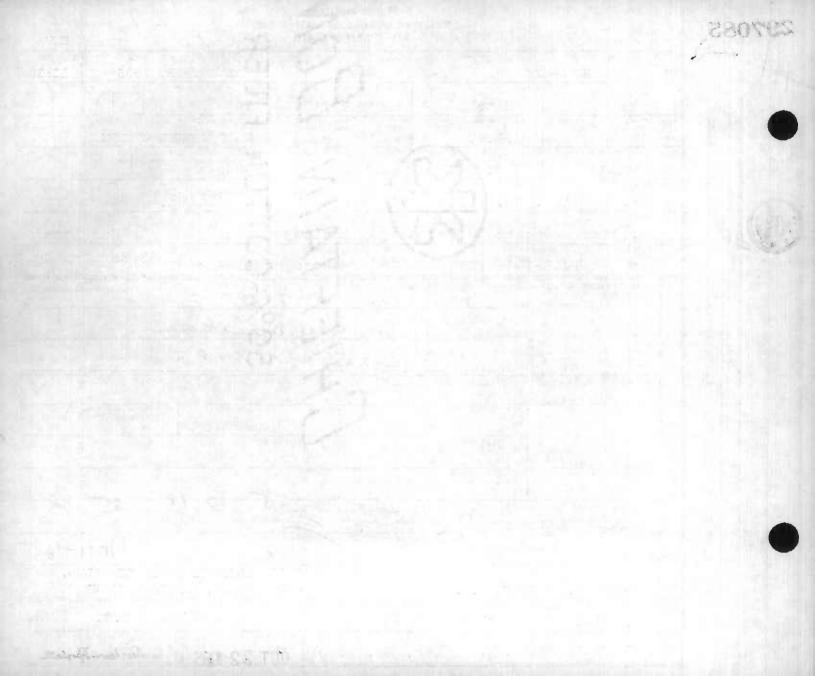
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4/11		OR PRINT!	ETER		MITCHE	L PRESI	ron	20	OCTOBE	MONTH E	, 1985	26 HOUR 645 AM
	3. SE			RACE		S. DATE C	OF BIRTH		AGE (IN YEARS LAST E		IF UNDER I YEAR	IF UNDER 24 HRS
ge	N	lale		White		July	25, 1918	BAR BAR	67	YRS	IONIHS DATS	HOURS MIN.
ne funerol di within 72 hoi	1.	RTHPLACE (STATE OR FORE	iGN 7b	U.S.	A.	RY? 8 MARRIE WIDOWE	DXX NEVER MARRI	IED 🗆 9	BALTIMORE CITY ANNE		OF DEATH	ſΥ _{MD.}
by the tu	10 €	GLEN BURNI	_	NAME OF I	HOSPITAL, NUI HEACHITY, GIVE ST HARUNI	RSING HOME C REEL ADDRESS) DEL HOS	PITAL	ION 12	O USUAL OCCUPA TYPE OF WORK FOR MOST We Ider	TION OF WORKING LIFE	126. KIND O INDUSTRY Shipbu	ilding
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S ond 2 sh	12	ATHER'S NAME FIRST 1ichael	MIDI	DiE	Presi	ton	15 MOTHER'S MAIL Elisabet		WIDDLE		Dudas	sh
n ord Pages I medicol		NAS DECEASED EVER IN YES NO OR UNKNOWN) (U.S. ARME IF YES GIVE W	AR OR DATES)	166 SOCIALS 236-09		17 INFORMANT Alice Pre	eston	same as 1			
that the death certifical by the attending physics remove corban pap b), cremotion, ar removal r other traumatic event,		Conditions, if ony, w gove rise to immed couse (o), stating	MEDIATE C	DUE TO, O	R AS A SONSE R AS A SONSE	OUENCE OF	cardi Dege 1	ac leve	asslu	rsease	BETWEEN	MATE INTERVAL PASET AND DEATH
requires the	NOI	PART 2 OTHER SIGNIF	ICANT COM	O GZE	PULL	TODEATH BUT	NOT REVATED TO THE	HE TARMIN	ACDISEASE OR CO	HOMION GIV	EN IN PART THE	izion
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SICIAN TI ag physicia certificate mol-tronsit ental Hygis Item 18 sh		210. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY	OCCURRED	ENTER NATURE OF IN	JURY IN ITEM 18 P.	ART (OR PART 2)	
ottendin ter this of is the burned Me hond Me	MEDICAL	21d INJURY OCCURRED		21e. PLACE	OF INJURY REET FACTORY OFF	ICE, FARM, ETC)	211 LOCATION STREET		CITY OR	l ()	COUNTY	STATE
ATTENDING Spitol or Spitol or STOR. Af for use of Health 121 is mo		220.1 certify that (1) (the sow the deceased above, (1) (vie) (did	olive an	10	114		. 19. nd that in (my) (our)	opinion dea	th occurred an the	date and hour		that (I) (we) lost causes stated
O HOSPITAL OK A efformed by the hos TO FUNERAL DIRECTOR Should be detoched with the State Dept.		176 SIGNATURE 176 PRYSICIAN SHAM	R	ex	ar		DEGREE ATTENI PHYSIC 220 ADDRESS	473	ORECTOR PHYS MOUNTA	IN ROAL	224 DATE 10	14/8T
reformed to FUNE should be with the S	230 (BURIAL, CREMATION, RE	BELT	TRAN 1 23b. DATE	M.D.	23. NAME OF C	EMETERY OR CREMA		MARY LAND	21122		
BP		Burial, CREMATION, RES Burial UNERAL DIRECTOR	MOVAL		t. 85		aven Mem.	Pk.	Glen Bur		.A.	MD.
DHMH - 16 60M 7/84 (VRA 15, 4)		James S. Ki	rkley	Glen	Burnie	e MD	Taken	OCT	16 1985	Corpha		- Indiana

Md. 21401

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL

HOME



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 9 0
	1. DECEASED NAME FIRST	MIDDLE	LAS1	20. DATE OF DEATH MONTH DA	AY YEAR 26 HOUR
5	Dori	s Griffith	Quill	October 29,198	35
	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		FUNDER I YEAR IF UNDER 24 HRS
1	Female	White	Nov. 8, 1922	62 YRS	MIN.
1	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
	Wash. D.C.	U.S.A.	WIDOWED DIVORCED	Anne Arundel Cou	unty MD
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
1	Severna Park	116 Severn R		interior Dec.	Decorating
)	USUAL RESIDENCE (IF NURSING HOME OR 136, STATE 136, COUN A. A. A.	ITY 13c, CITY OR TOWN		13e.STREET ADDRESS / ZIP CODE 116 Severn Ri	ver Rd
7	14. FATHER'S NAME FIRST	MIDDLE	15 MOTHER'S MAIDEN NA	WE	LAST
1	The state of the s		ffith Alice		Nichols
	160 WAS DECEASED EVER IN U.S. AR		RÎTY NO. 17 INFORMANT	ADDRESS	
	no		6190 Gordon Qui	.ll same as 13e	
-		DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D		NINAL DISEASE OR CONDITION GIVE	N IN PART 110
-	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
1	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM TB PAR	IT OR PART 2)
	21d INJURY OCCURRED WHILE NOT WHILE ALL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a.l certify that (1) (this hospit south of deceased alive on	tol) oftended the deceased from	, and that in (my) (em) opinion DEGREE	death occurred on the date and hour	9, that (It (me) last and from the causes stated
	Showing	dur In ~	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/30/85
	22d. PHYSICIAN'S NAME (TYPE OF	-TKINS	22e ADDRESS		
	230 BURIAL, CREMATION, REMOVAL	23b DATE 23c. N	IAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	Cremation	10/30/85	Wastwiese Cramet	Baltimore	, AA. Co. Md

DHMH - 16 60M 7/84

(VRA 15, 4)

24. FUNERAL DIRECTOR

T.A. Hardesty

Annapolis, Maryland 21401

236 DATE REC'D, BY REGISTRAR 256 REGISTRAR SSIGNATURE

18

670783 Served and a smile of The March Comments of the state STERLINE STATE OF THE STATE OF THE STATE OF THE STATE OF Manual Street, and the second and a street with a sure of the street of the sure of 200 a Million Michanga Lagra Decream I religate

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STATE OF MARYLAND DEPART

24 FUNERAL DIRECTOR
SINGLETON FUNERAL HOME SLEN BURNIE, MD 21061

MENT OF	HEALTH	AND	MENTAL	HYGIEN
CERTI	FICATE	OF	DEATH	

250 DATE REC'D, BY REGISTRAR 350 REGISTRAR'S SIGNATURE OCT 2 9 1985

	REGISTRAR				CEKIII	ICAIL OF DEATH	REG. N	Э.			
1. D	PE OR PRINTS	FIRST ORGE		THEODOR		RICHARDSON	20 DATE OF DEATH		25,1985	26 HOUR 12:30рм	
3. SI	MALE	4.1	RACE WHITE	Ξ	5. DATE O	15, DAY 1910 YEAR	6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER I YEAR	IF UNDER 24 MRS. HOURS MIN.	
7a 8	BIRTHPLACE (STATE OR FOREIGN 7 COUNTRY) MARYLAND		U.S.A.		Y? 8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O ANNE ARU	Y OF DEATH	MD.		
10 (GLEN BURNIE		(IF NOT IN SUCI	HOSPITAL, NURS HEACILITY, GIVE STRE AYLOR RO	ET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE MACHINIST		FE) INDUSTRY U.S.	GUARD COAST	
	UAL RESIDENCE (IF NURSING STATE MD	BL COUNTY A.A.		GIVE RESIDENCE BEFI 130 CITY OR TO GLEN BU	WN	13d INSIDE CITY LIMITS? YES NO K	13e.STREET ADDRESS / 600 BAYLOR			21061	
	FATHER'S NAME HARRY	MID	Ħ.	RICHÁŘD	SON	ANNA FIRST	MARY		ZEIĽĬ	ĖR	
160	WAS DECEASED EVER IN	D FORCES? AR OR DATES)						AS #13			
CERTIFICATION	18 CAUSE OF DEATH lEnter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY Medical Course of the course per line for 10), (b), and ic							BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	PART 2 OTHER SIGNIFICANT CONDITIONS CO			ON AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			INAL DISEASE OR CON	20b. IF YE	VEN IN PART 1:0	IGS USED	
ERTIFI	2) ACCIPENT WAS INVOICED TO		216. TIME OF INJURY 216 HOW INJURY OCCURR			YES NO	YE	ES 🗌	NO []		
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		.M. MONTH DAY YEAR .M. 19			ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART OR PART 2)			
	216 INJURY OCCURRED WHILE NOT WHILE IN NOT WHILE IN WORK			OF INJURY 21 LOCATION STREET			CITY OR TO	CITY OR TOWN COUNTY STATE			
	200.1 certify that (1) (this hospital) attended the deceased from 08/23/ 19 84 to 07/31 19 85, that (1) (we) lost sow the deceased alive on 10 75 19 85, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body after death.										
	234 SIGNATURE		S	DEGREE ATTENDI PHYSICI 22e ADDRESS		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN			n. DATE SIGNED Oct. 25, 198	
	Dr. Recep				Dr., Glen Burnie, Md. 21061						
230.	BURIAL, CREMATION, RE		Page DATE OCT. 26	,1985		EMETERY OR CREMATORY TY PROCESS, INC	CATONSVI	LLE 1	BALT.	MD STATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

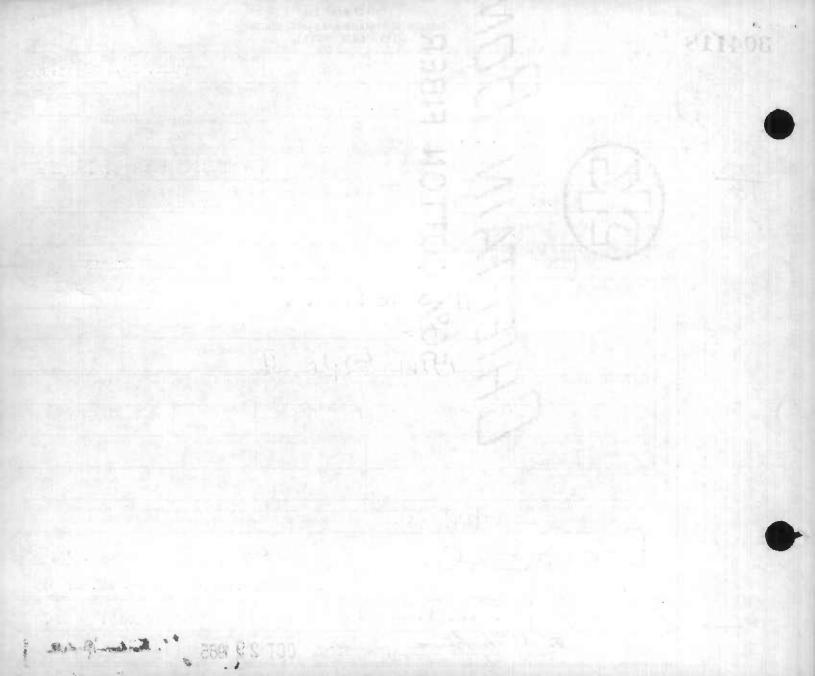
TO FUNERAL DIRECTOR: After

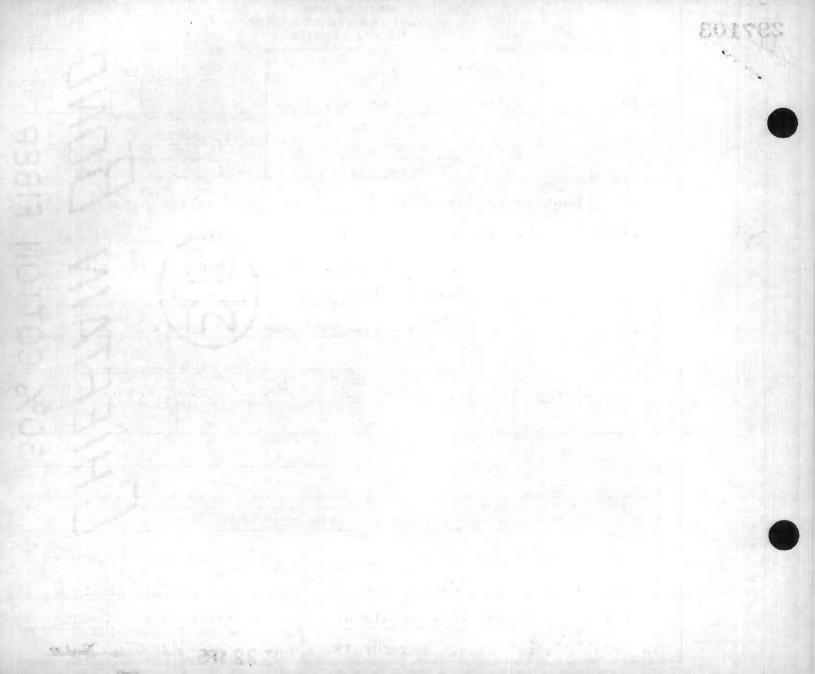
should be detached for use as the bunal-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to bunal, cremation,

ATTENDING

TO HOSPITAL

BP





Julia Davidson Bandage

(VRA 15, 4)

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William E. Croste, .. 2. 2003 West St., annapolis, Pd.

rurial 19/10/85 Amlianton Nat. Tenetery Arlington

Decree I. Kalas Puneral Bose (non Hill Mc.

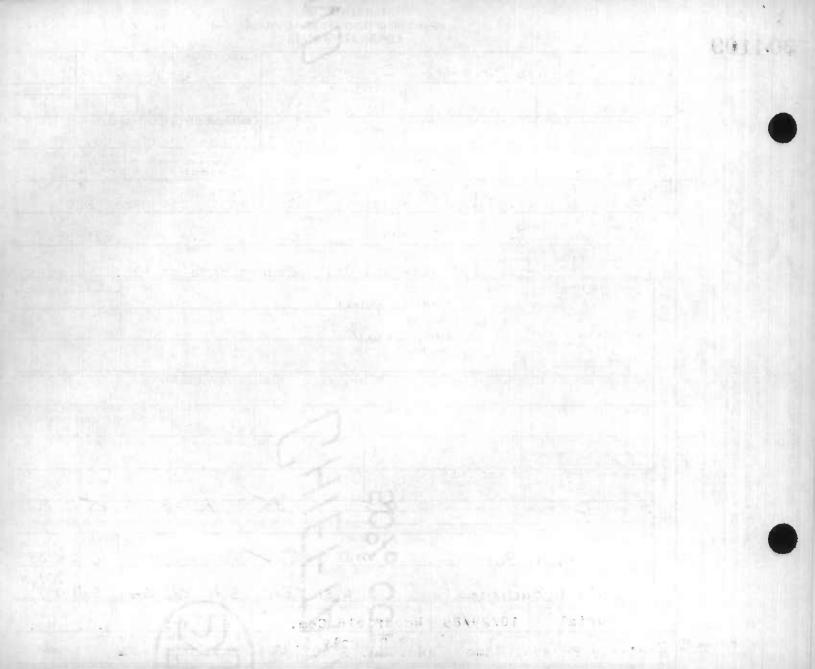
20500	FOR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H	YGIENE 8 5 2	7103
305034	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
m.c	1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
may be page 3 er death	LUD	wig P.	ROCKEN BACH	10-	24-85 2 20 M
4 mo	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Page directs	male	Caucasian	12 - 30 - 06	78 YRS	
th Police	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
deol hin 7	New York	USH	WIDOWED DIVORCED [Anne ARUNDEL ME
m: 12	10 CITY OF TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	120 USHAL OCCUPATION	126. KIND OF BUSINESS OR
HILL I	USUAL RESIDENCE IN NURSING HOA	E OR OTHER INSTITUTION, GIVE RESIDENCE BE	undel General	Chemical Engine	edivil Dervic
fille.	13a STATE 13b. C	DUNTY 13c CITY OR T	OWN 13d INSIDE CITY LIMITS?	1 - 1 - 1	A 1
를 소성	MD.	A.H. Ann	OBALIS YES NO NO IN NO IN NOTHER'S MAIDEN P	13/3 SWAN DI	rive - 21401
mplete	CI FIRST 1 - 8	MIDDLE Q LAST	FIRST	WIDDLE	LAST
5 0	I 60 WAS DECEASED EVER IN U.S	ARMED FORCES? 166 SOCIAL S	ECURITY NO. 17 INFORMANT	ADDRESS	chumann
Pages medica		GIVE WAR OR DATES)	- 100 1	0012	same as
e ca		1017-2	0-39901Evelyn	1. Nockenbac	
0 W	PART I. DEATH WAS CA	r anly ane cause per line far ia , (b) USED BY:			BETWEEN ONSET AND DEATH
n l	IMMEI	PIATE CAUSE (a)	DRDIDL INFOR	CIION	
# 1	Condition of the	DUE TO, ODIAS A CONISE	OUENCEPOF GRUTIC H	EART DISEASE	_
e de	Canditians, if any, which gave rise to immediate	(b)		7 7 7 7 7	
by the state of th	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	QUENCE OF		LO RESIDENCE IN
hed b	PART 2 OTHER SIGNIFICAL	VÎ CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	PANINIAN DISEASE OR CONDITIONS	WEAT IN DART 1
Then to b	20	T CONDITIONS CONTRIBUTIONS	TO DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION G	SIVEN IN PART ITO
w r	19a DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
he le	Ĭ.				TIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
SICIAN: The land physician. Certificate has rial-transit per ental Hygiene ental Hygiene them 18 shows	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	URRED (ENTER NATURE OF INJURY IN ITEM 18	
SICIA ng ph certific ritel-tr ental frem 1	OR CONTRIBUTING CAUSE OF		DAY YEAR		
HYS burns of the burns of the b	(IF EITHER NOTIFY MEDICAL EXAM	21e PLACE OF INJURY	21f. LOCATION	CITY OF TOWN	COUNTY STATE
offen offen sthe sthe nond rked o	WHILE NOT WHILE D	(AT HOME STREET, FACTORY, OFFI	CE FARM ETC)	1	A-
APPLY AF	22a I certify that (I) (thus be	ospital) attended the deceased fra	m 1/V 19	10 10 124	. 19, that (1) (week last
TTEN priol TOR for use of H	saw the deceased alive	an /0/22 If not view the bady after death.	, and that in (my) (corropinio	an death accurred an the date and ho	our and fram the causes stated
OR ATTEN e hospital DIRECTOR, sched for us Dept. of He f Hem 21 is	226 SIGNATURE	A Local View life Gody Grief George.	DEGREE		22c. DATE SIGNED
1 - 1 - 1	Kurcy	C. Marie	A. D. ATTENDING PHYSICIAN		10/24/00
S S S	224 PHYSICIAN'S NAME (T	1	22e ADDRESS	1	
HO FU	Durble (ROBINE 3.D	, 1616 For	EST on on	NASTIN 214
ot of shoot shoot	230 BURIAL, CREMATION, REMOV	AL 23b DATE 2	31 NAME OF CEMETERY OR CREMATOR		
BP	Cremation	02, 25,1985	Cedar Hill	Suitand	BC WO
DHMH - 16 60M 7/84	21 FUNERAL DIRECTOR	^	250 D	ATE REC'D. BY REGISTRAR 26. REGIS	SEAS ASIGNATURE OF THE PARTY OF
(VRA 15, 4)	laylor tunera	of Chapel-Ar	inapolis mi)	1 3 0 1985 James	
	4		7,110	7	

Commence of the contract of th

STATE OF MARYLAND

Film G614 item 8

(VRA 15, 4)



STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill

BP DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR T.A. Hardesty Annapolis, Md. 21401

236 DATE

230 BURIAL, CREMATION, REMOVAL

Burial

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Devidon Rondon

REG. NO

Anne Arundel

MIDDLE

NO

23d. LOCATION

CITY OF TOWN

Suitland

CITY OR TOWN

YEAR

IF UNDER I YEAR

Norris

206. IF YES, WERE FINDINGS USED

COUNTY

COUNTY

P.G.

22¢ DATE SIGNED

YES [

IN CERTIFYING CAUSES OF DEATH?

2h HOUR

12b. KIND OF BUSINESS OR

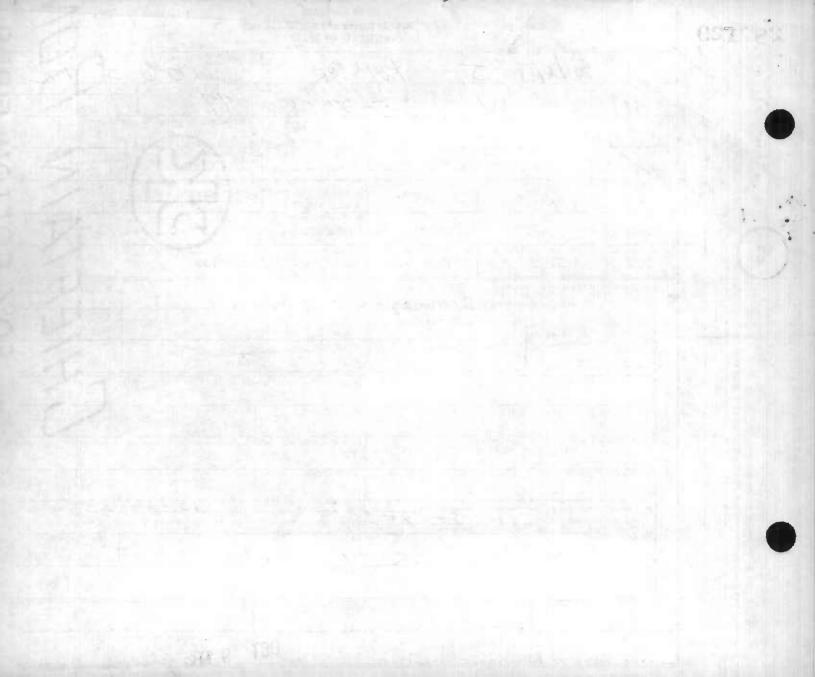
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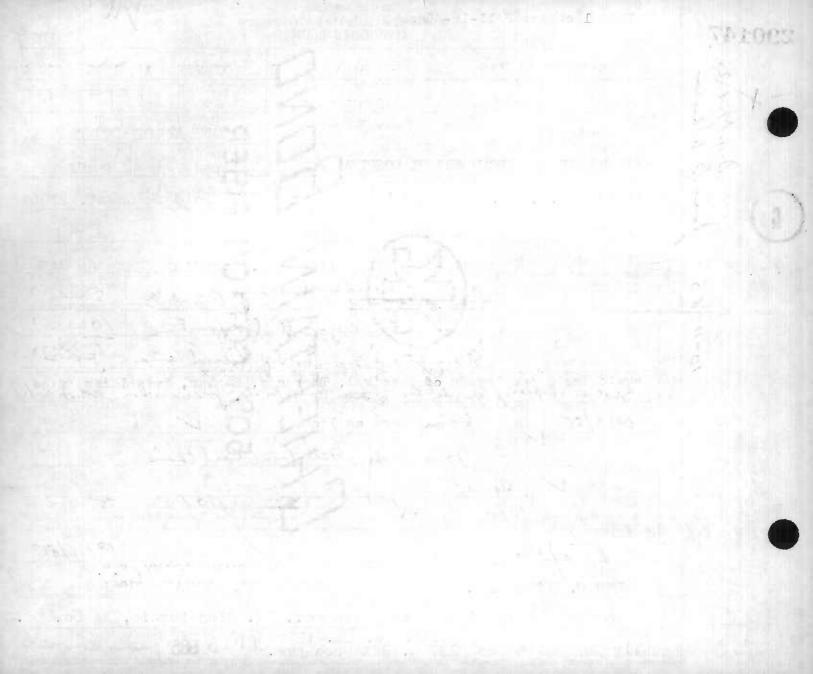


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	FOR ·		STATE OF MARYLAND OF HEALTH AND MENTAL H	IVGIENE 2	7107
	1 - STATE REGISTRAR	MEDICAL EXAM			
308059	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26, HOUR
2 3 3 3 5 F 10	LVI	PAUL	SArde	OF ESTI-	1028185 M
S NEGESSARY PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. W PRESTON STREET,	3. SEX MALE CAU	100011117	IN YEARS IF UNDER 1 YR. IF UNDER RIHDAY) MONTHS DAYS HOURS YRS.	24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 28 HOUD 10 28 1985 1115M
FOR Y WITHIN	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI WIDOWED DIVORC	BED Anne Ar	R COUNTY OF DEATH
A PER STA	GIEN BUNNIE	II NAME OF HOSPITAL, NURSING H	runde / GEN. H	12d. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) OSP . MANAGER	FAST FOOD STOR
ANY AND 3 AND 3 RETAIL	13a. STATE 13b. COUI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AL VITY 13C. CITY OR TOVE CASTON CONTROL OF THE CONT	TO N 13d. INSIDE CITY LIMITS? YES A NO	130. STREET ADDRESS 5 h.	#21114 ARWOOD DR
M H- MO	14 FATHER'S NAME FIRST NORMAN	SARDE	15. MOTHER'S MAIDE BERNIC	E	WEISS LAST
SATER DEATH GIVE PAGES 1, TH FORM PM PAGES ZND 2	160, WAS DECEASED EVER IN U.S. AF (YES, NO, OR UNKNOWN) (IF YES, GIV	MED FORCES? WAR OR DATES) 104-40-		MRS. BERNICESN WIGHT RD. EAS	EUHAUS #11937 T HAMPTON,LI, NY
ST.,	PART I DEATH WAS CAUSE	nly ane cause per line far (a), (b), and (c) D BY: TE CAUSE (a)	Ardiac	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
E POLITICA DE LA COMPANSION DE LA COMPAN	Canditions, if any, which gave rise to immediate cause (a) stating the <u>under</u> lying cause last.	(b)	A,5,C,U,D		
RECORDS, 201 LD BE EXECUTE PENDING" MEDICAL AND AS A BURN FEALTH AND CREMATION CREMATION		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE DR CONDITION GIVEN IN PA	erative	Colitis
F VITAL RECORI E SHOULD BE ED WORD "PENDIN IE CHIEF MEDIC BE USED AS A I SUNCH HEALTH.	190. DATI OF OPERATION 210 EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20. AUTOPSY?
P ATE WEN THE TO BE TO BE	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216 TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M.	YEAR	D (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2}
12 A A A K II	ONDERLYING ON CAUSE OF TIME INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHO/ STREET, FACTORY, FARM, ETC.)	AE, 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STA BATTEN DEATH, WITH THE STA		ge of the remains described above, held irral causes Accident ,	an Autapsy , Inspection Suicide , Hamicide , TITLE (SPECIFY) M.D. DEPUTY	Undetermined manner, MEDICAL EXAMINER	DATE SIGNED 10/29/45
O MEDIC XECUTE 1 AGE 4 S O FUNEI FTER DE/		am P. Jones, M.D.		rica Ort., Davidson	ville, Md. 21035
BP		OCT.31,1985 MT. A		FARMINGDALE,	
DHMH - 17 (VR A15 ME (5))	NAME	VINSON & BROS.,INC	21 21 5 OCT 3	REC'D BY REGISTRAR 236 REGIS	STRAR'S SKINATUREL
20M 4/82	THE REAL PROPERTY OF THE PARTY				

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290147	1-	FOR ITEM 18c&pa STATE REGISTRAR	rt 2 12-16 per Art	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 2	B O' WY
. m = ¥		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
No so		AUGUSTUS	LEE	SCARDINA S	OCTOBER 1.	1, 1985 0529 AN
1	3. SEX		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	# UNDER I YEAR IF UNDER 24 HRS
age of section in the section is a section in the s	2 00	Male	White	8/13/1923	62 YRS.	
deoth. P		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY? USA	MARRIED WEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT ANNE ARUND	
by he filled		GLEN BURNIE	"NORTH ARUNDE	L HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Retired	HI KND OF BUSINESS OR INDUSTRY Chauffeur
	13a. S Ma	aryland A.A		rnie 13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COT 7974 Nolpark	Court, 21061
		Salvatore	MIDDLE Scardi		MIDDLE	High
on and s. Pages		VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) 11F YES GIV PMS WW	E WAR OR DATES)		L. Scardina	Same as #13
e death certificate e othending physici move carbon pope intion. or removal.	7.	PART I. DEATH WAS CAUSE	Ily one couse per line for (o., (b), on D BY: "E CAUSE (o). GEATE A DUE TO, OR AS A CONSEOU	Or Carrier Sugar	I Sports	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH One 7
w requires that the been signed by the mil. Then please reaving to buriel, crear on yinjury, or other	ATION	couse (o), stoting the underlying couse lost PART 2 OTHES SIGNED AND 190 DATE OF OPERATION	Losing Sportell	EACE OF LOCAL TO THE REPORT OF THE THE REPORT OF THE REPORT OF THE REPORT OF THE REPORT OF THE REPOR	MAI DISEASE DE CONDITION G PREMION S 1200 AUDOPSY? 1200. IF Y	VEN THAR TO ME AS A SECOND TO SECOND THE SECOND THAT IS A SECOND TO SECOND THE SECOND TH
N: The lo ysician. cote hos onsit peri Hygiene p 8 shows o	CERTIFICATION	210. ACCIDENT WAS UNDERLYING T	216. TIME OF INJURY	Same as 18c	YES NO	IFYING CAUSES OF DEATH? YES NO PART OR PART 2)
G PHYSICIAN offending phy certifications is the buriol-trace of the death of the de	MEDICAL	OR CONTRIBUTING CAUSE OF DEA		2H LOCATION	- Wheel Chan	COUNTY STATE
ospitol or ospitol or cecTOR. Aff		22a. I certify that (I) (this hospi	tal) oftended the deceased from	The second secon	deoth occurred on the date and ha	
TO HOSPITAL OR A retained by the hosp TO FUNERAL DIREC should be detached with the State Dept.		151	theng wil	DEGREE ATTENDING PHYSICIAN (22* ADDRESS 8	DI CRAIN HIGHWAY	S F
O HOS		PAUL J. CH	ANG. M. D.	GLEN BU		21061
BP 1359		URIAL, CREMATION, REMOVAL SPECIFY) Burial	23b DATE 23c. 1	NAME OF CEMETERY OR CREMATORY Len Haven Mem.	23d. LOCATION	
		INERAL DIRECTOR		more, Md.21225		
DHMH - 16 60M 7/B4	MC	Cully Funeral	Homes 237	Patansco Ave	UUI 15 1985 Ju	ne murdson-pandalle



1	F	OR		D	EPARTMENT O	HEALTH	AND MENTAL	HYGIENE	2 /	1 0 7	1
	= S	TATE EGISTRAR					CERTIFICATE C	DEDEATH	EG. NO.		
		ASED NAM	E FIRST		MIDDLE		LAST	20 DATE KNOW	NN XX MONTH	DAY YEAR	Zb HOL
	TYPE	OR PRINT)	Anna		Μ.	S	embly	OF EST DEATH MAT	FD	-30 19 85	347
3 S	EX		4 RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	DER 1 YR. IF UNDER		MONTH	DAY YEAR	2d HOL
F	THE V	IALE	BLACK	MOITH DAT	YEAR LAST BIRTH	YRS.	HS DAYS HOURS	MIN PRONOUNCED DE AD	10-	30 19 85	3:45
7a.	BIRT	HPLACE (S		76. CITIZEN OF WH		8		9 BALTIMORE	CITY OR COUNT		1 6.
M	AF	YKAND		U.S.A.			IED NEVER MARK		rundel C	ountr	
		OR TOWN	OF DEATH	11. NAME OF HOSE	ITAL, NURSING HO	AE, OR OTH	0.000	120 USUAL OCCUPATIO	N (TYPE OF WORK	126 KIND OF BU	SINESS
	Δn	napoli	ic		nity, give street address andel Gene	,	osnital	FOR MOST OF WORKING LE	FE)	OR INDUSTR	₹Y
USI	UAL	RESIDENCE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMIS	SION)				5,000	
AI		LAND	136. COUN A.A.	ITY	ANN APOLIS		13d. INSIDE CITY LIMITS? YES NO	702 C Newt	own Driv	re Fol	
14.	FAT	HER'S NAME		WIDDLE	LAST		15. MOTHER'S MAID	EN NAME MIDDLE		LAST	
		WILLI			NE		ELIZABE			WELLS	
160	(YES	NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SECUR		17. INFORMANT	Annapolis, M NDON 804 C B	BRESS21401		
		NO			212-40-30	03	MARYL HER	NDON 804 C B	etsy Ct.		
		8. CAUSE O	F DEATH (Enter on	ly one couse per line t	or (o), (b), and (c).)				19.19	APPROXIMATE BETWEEN ONSET	INTERVAL
		TAKTIDE	IMMEDIA"	TE CAUSE (o) Chr	conic Obst	ructi	ve Pulmona	ry Disease			
					S A CONSEQUENC	EOF					
		gove ri	ns, if any, which se to immediate	(b)	ATU LETTER						1
	4	couse (o)	stoting the <u>under</u>	DUE TO, OR A	S A CONSEQUENCE	OF				Vacili	1/10
	1			(c)							
		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TE	RMINAL OISEAS	E OR CONDITION GIVEN IN P	ART 1 (o).			
CERTIFICATION					esity						
N		190 DATE OF	OPERATION	196. CONDITI	ON FOR WHICH OP	RATION W	AS PERFORMED?			20. AUTOPSY?	
	L									YES 🗆	NOX
		INDERLYING	AL CAUSEWAS	21b. TIME OF HOUR A.M.	MONTH DAY YE.	AR 21c H	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAR	RT 2)	113
MEDICAL		CONTRIBUTI	NG CAUSE OF	DEATH P.M.	19						
AED		WHILE			FINJURY (AT HOME,		CATION	CITY OR TOWN	COL	UNTY	STATE
3	1	AT WORK	NOT WHILE					CIT ON TOWN	(00		SIAIE
		220. certi	fy that I took chara	ge of the remains desc	ribed obove, held on	Autop	sy . Inspectio	Inquiry .	ond in my op	union	
		death result	-1100			ouicide	. Homicide	Undetermined monner			
	3		11	1	M		TITLE (SPECIFY)	Siracioni, inica mornici			
1		ACTUAL SIGNATURE	Mayla	to love y	nill	AA		t MEDICAL EXAMINER	DATE	10-31-	-85
1								MEDICAL EXAMINER	SIGNE	0	
	E	XAMINER'S TYPE OR PRII	NAME Marga	rita A. Ko	orell, M.D		ADDRESS111	Penn St., B	alto., M	1d. 2120	01
23o.	BUR	CIEVI CREMA	TION, REMOVAL 2		23c NAME OF C			23d. LOCATION	COUL	NIV CT	A 15
		RIAL		11-5-1985	PINELAW	N MEM		Annapolis		Marylan	d
24	FUN	VERAL DIRECT	TOR Anna	polis AMA SONS MORTU	24/104		250. DATE	REC'D. BY REGISTRAR 251	REGISTRANCE	G ATHR	3
W	III	LIAM :	REESE & S	SONS MORTU	ARY TIA.		NUV	CO MORE &	10,100		25

STATE OF MARYLAND

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FEMALE SHEET STATE AND LESS AS A

Wild mother u.SC

AUCTO-Sec TARY HIDEXISON Detay 01.

11-1-1985 Likeland Dob. Pan Jonespolie A.I. beryland

A. 10-145 AT STEED WORTH MACTICAL

			STATE OF MARYLAND	0 1	9711		
200040	FOR	DEPARTN	ENT OF HEALTH AND MENTAL HYC	GIENE O D	2/110		
298049	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.			
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	ITH DAY YEAR 26 HOUR		
/ NA 1	(TYPE OR PRINT)		Simms	16	21 85 150		
1 88	John			10	TAM		
7 1 51	3. SEX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDA	Y IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.		
s of o	Male	Negro	7 5 10	75	YRS.		
Pood in	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR C	OUNTY OF DEATH		
teoth.	MARYLAND	U.S.A.	MARRIED XXNEVER MARRIED WIDOWED DIVORCED	Ann. A	rundle mo.		
with the	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION	126. KIND OF BUSINESS OR INDUSTRY		
Softe of the filed y the	Millersville	Knollwood	Manor	Construction			
be how	USUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	NAMISSION	13e.STREET ADDRESS 4 ZI	CODE		
E Property	Mad Aunt	Arunalla Anna De	YES NO	11/03 Ho	1		
E ME S	14 FATHER'S NAME	THE PARTY OF THE P	15 MOTHER'S MAIDEN NA	ME	21403		
	VIRGIL	SIMMS	ELLA	WIDDLE	BROOKS		
W 3	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT AT	napolis, AMOSS	21403		
MOR e exe	NO	VE WAR OR DATES)	SZ7 THOMAS SIMMS	1103 Hoover	Street		
LITIN			9-3/1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
BA hysic oop ovol	PART I. DEATH WAS CAUS	nly one cause per line for (a), (b), and	1 Heet To Va	10			
g p g p eve	IMMEDIA	TE CAUSE (a) Congest	ve Heart Faila	16	3 months		
No spin or		DUE TO, OR AS A CONSEQUE					
deo deo de o de o de o de o de o de o d	Conditions, if any, which	(b)					
he o he o must be o	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF				
W. by t	underlying cause last	DOE TO, OR AS A CONSEQUE	NCE OF				
201 pled pled uriol	DART 2 OTHER SIGNIES ANT	CONDITIONS CONTRIBUTING TO	EATH BUT NOT RELATED TO THE TERM	AINIAI DISEASE OR CONDITI	ON CIVEN IN PART 1:0		
		CONDITIONS CONTRIBUTION TO D	EATH DOT NOT KEEKIED TO THE TEXA	MINAL DISEASE OR CONDIN	ON ONEN IN PART 110		
o c	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	THE CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 26	b. IF YES, WERE FINDINGS USED		
low remite	S IN DATE OF OFERATION	14 CONDITION FOR WINCH	OFERATION WAS PERI ORMED		CERTIFYING CAUSES OF DEATH?		
TAL The The cion				YES NO	YES NO		
VIII Nonsie Hygel	210. ACCIDENT WAS UNDERLYING	THE PARTY OF THE P	Y YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2}		
SICIAN: ng physical certifical correction of the certifical certif	OR CONTRIBUTING CAUSE OF DE		19				
DIVISION OF VITAL ING PHYSICIAN: The r attending physicion After this certificate h os the burial-transit p th and Mental Hygien orked or frem 18 show	OR CONTRIBUTING CAUSE OF DE	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE		
/ISI free free free ond ced	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE, FA	ARM, ETC.) STREET	CITORIOWN	STATE		
DING or off After softh or norke		stal) attacked the desperad from	12-1 10 84	1 10-2	10.85 should form land		
Tologo Para Para Para Para Para Para Para Par	sow the deceased alive of	ortol) ottended the deceosed from	that is (my) (aur) apinian	death accurred on the date	and hour and from the causes stated		
A ATT A ATT OF THE OF T	above, (I) (we) (did which is	ot) wew the body after death.		dediti decorred dir ine dole i			
oche Dep	226 SIGNATURE	a Atza	DEGREE	MEDICAL _ STAFF	22c. DATE SIGNED		
AL O AL O Geton of the Diff. If it	000	~ W	M, D, ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN	10-21-85		
HOSPITA inned by FUNERA wild be de h the Stat	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	27e ADDRESS	1011-0	1 111		
TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I IMPORTANT: If	1 / ON9 5.	HSN	11845 MAKWOT	od 140 #205 (d)	on Burnie Md 21061		
5 g 5 g x x	230. BURIAL, CREM ON, REMOVA	1 23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION			
BP	OE CIEA!	140-100-100	ROLL-WESTERN CEME	PRINCE FR	COUNTY STATE		
	24 FUNERAL DIRECTOR	UNIT		TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE		
DHMH - 16 50M 4/83	Annapolis Md.	21401 ADDRESS	n n		ilia Lavidson-Randalle		
(VRA 15, 4)	WILLIAM REESE &	SONS MORTWART, I	P.A.	COS 0 2	- Arthur Control of the Control		

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

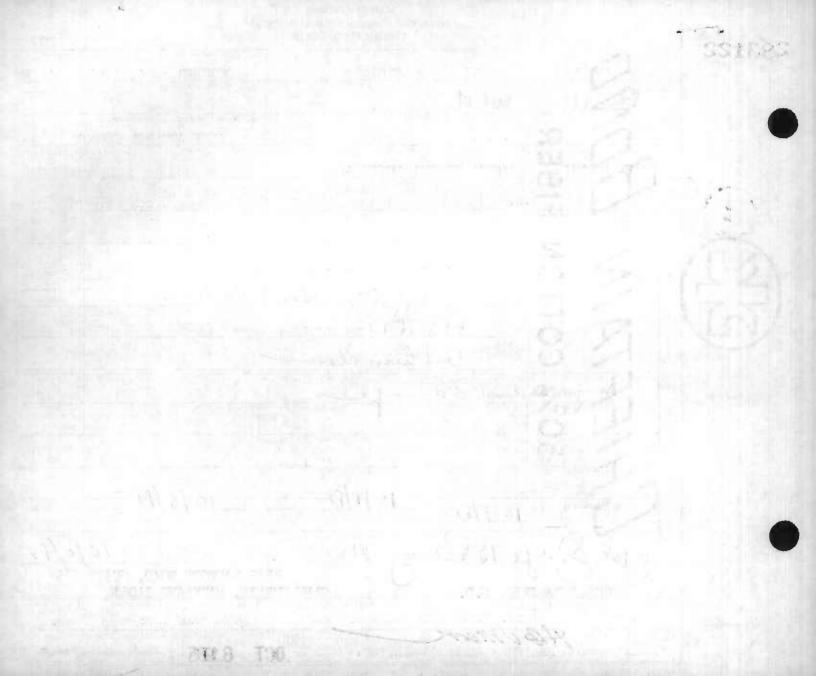
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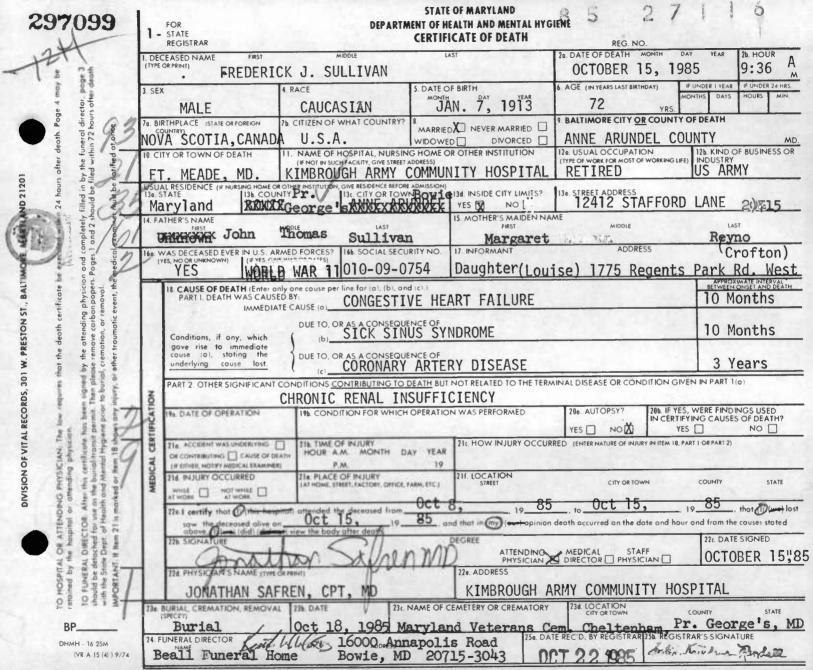
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122	-1-	FOR STATE REGISTRAR			DEPAR	CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		Į.	EDT
FKK dege 3		CYNT	HTA	ELIZA	BETH BS	STOI	T.	20. DATE OF DEATH		1985	26 HOUR
rs ofter dea	3. SE	Funa	en '	RACE	uti	S. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF I	UNDER I YEAR	IF UNDER 24 HRS
in 72 hou		RTHPLACE (STATE OR F COUNTRY) ARYLAND	OREIGN 76	U.S.	WHAT COUNTR	MARRIEI WIDOWE	NEVER MARRIED DE DIVORCED	9 BALTIMORE CITY OF	RUNDFL	COUNT	TY MD.
by the fu		GLEN BURN	IE	MORT	H ARUND	EL HOSE	ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF SEAMTRESS		INDUSTRY	F BUSINESS OR
5	13a S	D	13b COUNTY		GIVE RESIDENCE BEF 131. CITY OR TO GLEN BI	OWN	YES NO X	13e STREET ADDRESS / 7976 Cross		Dr.	21061
221		JOHN		HOBI			15 MOTHER'S MAIDEN NAM ANNA	C.		LAS	WEIDNER
Pages 1	160 V	VAS DECEASED EVER YES NO OR UNKNOWN)	U.S. ARME	D FORCES?	219.20		MRS. LAURA	UGHTER) ADDRE V. MORNINGS		SAME A	AS #13
n recent and by the off	HCATION	Conditions, if ony, gove rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN ITAL DATE OF OPERA	ediate g the lost	nditions <u>cc</u>	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	The AUTOPSY?	206 IF YES, V IN CERTIFYE	VERE FINDIN	NGS USED OF DEATH?
Certificate A Certal Hygier New 18 sker	AL CERT	21st ACCIDENT WAS UND DRICONTRAUTING IN ETHIRA NOTIFICATION	AUSE OF DEATH	P.1	M. MONTH M.	DAY YEAR	THE HOW INJURY OCCURR	TES NO.	YES [to the same of the	NO []
O FUNERAL DIRECTOR, After the house of but be housed by detached for use or the but the State Day, of Health and A APDRTANT. If them 21 is marked or	MEDIC	THE INJURY OCCURR WHITE AND THE PROPERTY OF T	ur [] uthus hospital of all he on _	attended of the property of th	fregued from	10	774 ADDRESS 78	to 10 / death occurred on the do	6 / F To	SUITE	16/85
		BURIAL		9 /	, 1985		CEMETERY	BALTIMORE		ountr	MD.
16 60M 7/84 RA 15, 4)	2500	INGLETON F	UNERAL	HOME	GLEN BU	RNIE, M		T REGISTRAR			N. mar.



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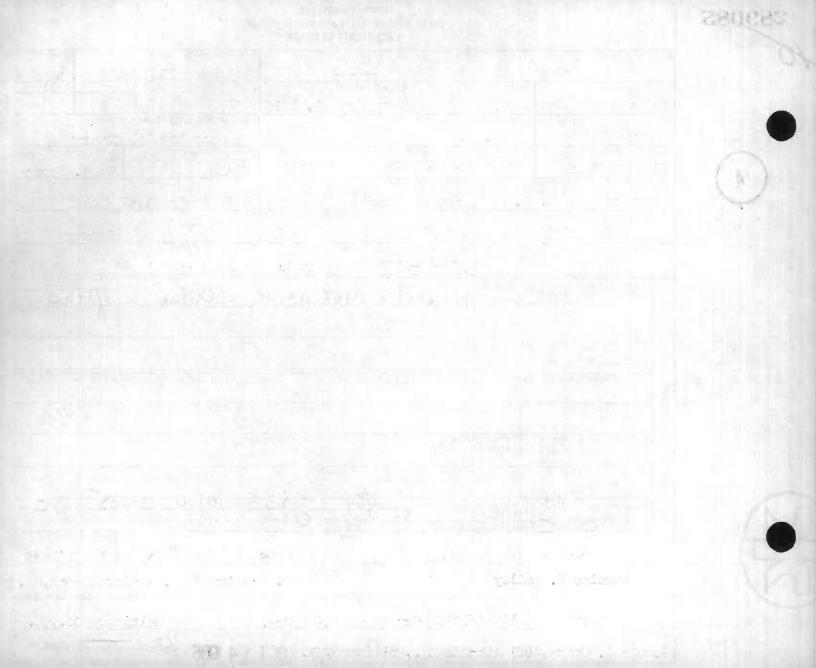


Real Innered Bons - Bowns, 31D 20715-3043

Manager John Thomas Sulliven Margaret Uncome Tempor

Cot 11, 1965 Maryland Veterans Com. Cheltonnem, 12. Cetrests, MD

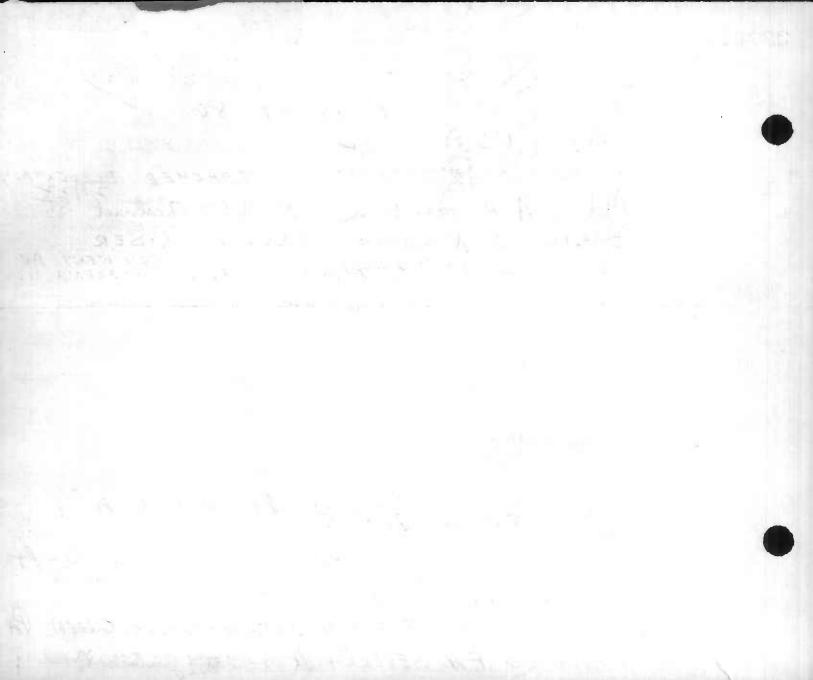
289085	1.	FOR STATE REGISTRAR		DEP		EALTH AND MENTAL I		G. NO.	\$ #	
		CEASED NAME FIRS	Ť	WIDDLE		AST	20. DATE OF DEA	Н момтн	DAY YEAR	26 HOUR
2 55		AN	NA		S	USKA	Octobe		1985	м
9 4	3. SE	X	4 RACE		5. DATE C	F BIRTH	& AGE (IN YEARS LA	ST BIRTHDAY]	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
90 e 4	E	émale	Whi	te	Nove	ber 24, 192	25 59	YRS		MIN.
2 62 66		RTHPLACE (STATE OR FOREIG	7b. CITIZEN O	WHAT COUN	RY? 8	D NEVER MARRIED	9 BALTIMORE CI	TY <u>OR</u> COUN	TY OF DEATH	
		ryland		S.	WIDOWE	DIVORCED	□ Anne		el County	y MD
N 301	19 C	ITY OR TOWN OF DEATH	(IF NOT IN SI	JCH FACILITY, GIVE S	TREET ADDRESS1	ROTHER INSTITUTION	126. USUAL OCCU			F BUSINESS OR
C. ALADO		viera Beach	8437	Garden	Road	(21122)	Clerk			. Store
C Z	136.		ME OR OTHER INSTITUTIO COUNTY A. A.	13t. CITY OR		13d Inside City Limits Lyes \textbf{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\texi}\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\ter{\texit{\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\t	13e. STREET ADDR		ad (2112	22)
BALLIMORE, MARYLAND rests by executed within spricon and templetely to opers Pagge, and 2 shop wol. It the medical as amone; in	14 F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN	NAME	N E	LAS	1
p do	1/	Francis		Lei	ben	Evel		,	Bense	
1 2 1		WAS DECEASED EVER IN U.	S. ARMED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMANT		DDRESS	11 1 1 1	
4 60 4/		No	ES, OTTE THE OR DATES!	220-1	2-8324	Charles R.	Suska, Jr	. (same	as 13e)
# 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		18 CAUSE OF DEATH (En	ter anly ane cause p	er line for jo), (b	ond jeil	A				IMATE INTERVAL ONSET AND DEATH
			AUSED BY: EDIATE CAUSE (a)_	moras	talic	Carcinor	na cer	Vex	Glo	ves
t in a site			DUE TO,	OR AS A CONSI	EQUENCE OF				0	
death afternation of the control of		Canditians, if any, which								
hat the death by the attend ase remove as I, cremation, a		couse (o), stating the underlying cause los	DUE TO.	OR AS A CONSI	EQUENCE OF					
n signed Then plee	No	PART 2 OTHER SIGNIFIC.	ANT CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR	CONDITION	GIVEN IN PART 11	a'
ING PHYSICIAN: The low requires that the death cert oftending physician. The this certificate has been signed by the attending as the burial-tronsit permit. Then please remove carbeth and Mental Hygiene prior to burial, cremation, of each arked ar them 18 shows ony injury, ar ather traumatic.	CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY	IN CER	YES, WERE FINDIN	NGS USED OF DEATH?
AN: The physicing ficore from the Hygie of Hygie of 18 sho		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTERNATURE O			
PHYSICIAN: ending physicians this certifical and Amental Hy d or frem 18:	MEDICAL	(IF EITHER NOTIFY MEDICAL EX	MMINER)	P.M.	19					
this this he but and what he b	MA I	21d. INJURY OCCURRED	LAT HOME S	E OF INJURY STREET, FACTORY, OF	FICE FARM, ETC.)	211 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
ATTENDING P septral or other sectors. After the difer use as the t. of Health and m 21 is marked		AT WORK AT WORK	10			b/1 (2 101	10	4	
END olo OR: Heb		220-1 certify that (I) (this	1/1/0		11/	nd that in (my) (our) opin	ing death assured as	ha data and h	, 19 <u>0</u> ,	that (I) we last
ATT OSPIN		sow the deceased ali obove, (I) (we idid) (c 22b. SIGNATURE	id no view the bod	ly after death.		DEGREE		ne dote ond n		
he he hor poche toche		220. SIGNATURE	in m	1/2.00	ma		MEDICAL DIRECTOR P	STAFF ~	22c. DATE	
PITAL by 1	1	22d. PHYSICIAN'S NAME	TYPE OR PRINT)	runcy	110	PHYSICIAN 220 ADDRESS	DIRECTOR PI	YSICIAN	1 10/3	11/1985
TO HOSPITAL (retained by the TO FUNERAL Is should be determined by the With the Stone I IMPORTANT; if		Loraine M	. Dailey	1			Śmallwood	Rd. Ri	viera Be	each,Md.
		BURIAL, CREMATION, REMO				EMETERY OR CREMATO	CITY OR TO	VN	COUNTY	STATE
BP		Burial	11/14	4/1985	Garden	of Faith Ce			timore (
DHMH - 16 50M 4/82 (VRA 15, 4)		uneral director or sorge J. Gonc	e,4001 Ri	tchie H	.,Balti		CT 1 4 1985	Falia .	Davidson-A	ure indete



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1		FOR	DED A D	N 10 SIAIC			2 7	1 6	2 0	
1	1 -	STATE REGISTRAR	DEPART		H AND MENTAL HYG 'E OF DEATH	oiene occom			E	ידא
	1. DEC	CEASED NAME FIRST	MIDDLE	LAST		REG. N	MONTH DAY	YEAR	2b. HOUR	11
	(TYPE	OR PRINT) MABEL	NEWCOMER	TITUS		OCTOBE	3 16.	1025	545	DOM:
	3 SE)	F	4 RACE	5. DATE OF BIRT	DAY - 499	6. AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 2-	10000
5	C	OUNTRY) JA	OS A	MARRIED WIDOWED	NEVER MARRIED DIVORCED	2 % % 7.1) 4	ARUNDEL	COUNT	Y	MD.
1		GLEN BURNIE	II. NAME OF HOSPITAL, NURS	L HOSPITA		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF TEACH	OF WORKING LIFE)	126. KIND O INDUSTRY	F BUSINES	SOR
5	13a. S	AL RESIDENCE (# MURSING HOME OR C) TATE 136 COUN		e den a ES	- A	Ant YC	Lestin	ut	37	-,
1)	THER'S NAME	AIDDLE AIFWI	OUER IS	OTHER'S MAIDEN NA	EN MIDDLE (Pin	ER LAS	τ	
_		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 160 SOCIAL SEC	URITY NO. 17 IN	MARION	TITUS		KEN	UA I	To.
	No	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU	UENCE OF	RELATED TO THE TERM	IIN AL DISEASE OR CON	IDITION GIVEN	IN PART LIC	o.	
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	h Operation wa	S PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [NG CAUSES		!?
7	MEDICAL CER.	216. ACCDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF ETIMER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE ol) attended the deceased from	DAY YEAR 19 211 FARM, EIC) DEGRI	LOCATION STREET 19 1 in my Lour) opinion EE ATTENDING PHYSICIAN	CITY OR IC CHECK NATURE OF INJUR CITY OR IC MEDICAL STA	own	county Ind from the	SIGNED	e) last
4	230.	CHARLES J. I	23b. DATE 23c	NAME OF CEMETI	CONTRACTOR OF THE PARTY OF		ND 2106	51	STA	TE D
	24 FL	UNERAL DIRECTOR	10-19-83	OREEN	LO · MEN	E REC'D. BY REGISTRAR		R'S SIGNAT	B	VA

DHMH - 16 50M 4/83 (VRA 15, 4)



2961	68	1-	FOR STATE	DEPARTM	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	in 5 2	7 1 2
		1 DF	REGISTRAR CEASED NAME FIRST	WIDDLE	AST	REG. NO.	DAY YEAR 26 HOUR
> d 6	5		ORPRINT) JAM		TUCKER	10	10 85 7:15Am
you you	ě	3. SEX		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR.	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
See 4	2 10 1		nale	white	June 4 1911	74 YR	s.
d h	12 ho		QUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	PARTIMORE CITY OR COUNTY	ndel
e for	20/1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR
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9 4	1 1 1	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
25 2	12	TIFIC				YES NO	RTIFYING CAUSES OF DEATH? YES NO NO
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Disk.		MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19 211, LOCATION		
201 1	and and	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	STREET	CITY OR TOWN	COUNTY STATE
200 4	Security of the color of the co	39	220 I certify that (1) (this haspit	al) attended the deceased from_	Sept 26 1985	to OCT 10	, that (i) (we) last
ATTE Significant ECTO	2 9 9		saw the deceased alive on obove (II) wel (did) (did not 27h SIGNATURE	view the bady after death.	DEGREE (aur) opinion	death occurred an the date and	have and from the causes stated 22t. DATE \$IGNED
0 4 6	P Der		Barry	Platton	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	10/11/25
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of HOSI	M. H. T. A. M.		BARRY	NATHANSON	3 SI HRAN	KLIN ST.	HUNAY, MI).
BP		23a. B	SPECIFY!	236. DATE 236. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
DHMH - 16 5	OM 4/83	24. FU	UNERAL DIRECTOR POUS	DELLES OF	Owings on 150. DAT	E REC'D. BY REGISTRAR VSB. REC	GISTRAR'S SIGNATURE
(VRA 15			HAME , DOCK	ADDRESS	Jan Dal	1 1000 de la	industration ?

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DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

(SPECIFY) Burial 11/1/85

Hardestv Funeral Home

23b. DATE

Mt Calvary Cem 1.2 Ridgely Ave. Ann. Md.21401

23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN

COUNTY Lothian BY REGISTRAR 256 PEGISTRAR & SIGNATURE

Md

STATE

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ATTA ATT		sow the deceased alive or above, (I) (we) (did) (did no 22b SIGNATURE	ot) view the body o	fter death.		DE GREE			
DIR HE H		ME SIGNATURE	n Ha	2/1			MEDICAL STAFF		SIGNED
ERAL Store	-	220 PHYSICIAN SWAME (TYPE	CR PRINT	1000			MEDICAL STAFF DIRECTOR PHYSICIAN		1/
O HOSP etorned TO FUNI should bu	9						45 OAKWOOD ROA		200
With With	22	IRA E. KAPI					NIE, MARYLAND	71001	
	730	BURIAL, CREMATION, REMOVAL	Z3b. DATE	13c N	IAME OF C	EMETERY OR CREMATORY	1234 LOCATION		

Oct. 26,85

James S. Kirkley, Glen Burnie, MD

Burial

24 FUNERAL DIRECTOR

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Meadowridge Mem. Pk.

EDT 26 HOUR

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

N Apt. 858

STATEMD

Howard

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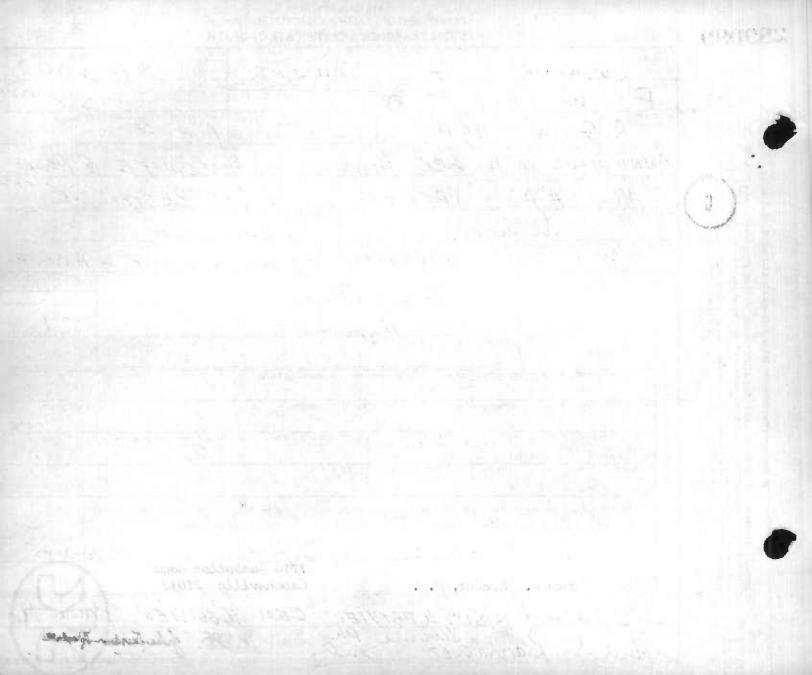
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10		1-	FOR STATE REGISTRAR	DEPARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYGIE CATE OF DEATH	8 5 REG. NO	2 7	2 4
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oge 4 mg rector po un ofter	h		nale	Black 5. DATE OF	BIRTH YEAR	AGE (IN YEARS LAST BIRT	YRS.	DATS HOURS MIN
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y tilled	35		TATE 136 COUNT	136 CITY OR TOWN ANN AppluS	13d INSIDE CITY LIMISS? 11 YES NO NO NAME 15 MOTHER'S MAIDEN NAME		zip code ndelm Br	ryRd
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	pened/	Y	(IF YES, GIVE	WAR OR DAILEST	7 NANCY M	ne Turn	er 314	A PRUNCHON APPROXIMATE INTERVAL ET WEEN ONSET AND DEATH
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but the death by the attend old remove co	other trauma		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF A CONSEQUENCE OF	nyombosis			year
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The low- tion.	Z San	RTIFICAT	10.25-85	196 CONDITION FOR WHICH OPERATION	leg	200 AUTOPSY? YES NO X	YES 🗌	AUSES OF DEATH?
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by the OR	# / FW #		22d PHYSICIAN'S NAME ITYPE OR	telselul		MEDICAL STAF		10.28.85
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		lying cause last.	200 10,00	AS A CONSEQUENCE	. •				
SC SE		BART & OTHER CICHERARY CONDITIONS	(c)						
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E THIS C TE, WRIT RWARD I: PAGE STATE (AT WORK				_	T Q		
SE S		22a I certify that I took charge	of the remains de	scribed obove, held on	Autopsy L	, Inspection	, Inquiry	, and in	my opinion
ME REPLAN		death resulted from: Nature	al causes .	Accident L, S	vicide .	Hamicide	Undetermined mo	anner,	
AK SECENT				(1	T	ITLE (SPECIFY)			
A HANDER		ACTUAL SIGNATURE	- 2 A	Much	M.D	120	MEDICAL EXAM	AINER	SIGNED/U-3-83
NE STET	1/					1146 GU	MEDICAL EXAM	Road	
MEDI CUTE SP 4 4 FUNE		(TYPE OR PRINT) James	. Wheele	r. M.D.	ADDR	RESSCrowns	ville 21	032	
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNEAL DIRECTOR: PAGE BEATHWORE, WITH THE STAMEST	230 B	UBIAL, CREMATION, REMOVAL 23	b. DATE	/ 23t. NAME OF CE		EMATORY	23d LOCATION		6 0 1
	1 %	REMATION	1 10/5	8 11 EST	WIENT	CEM.	U/EST	VIEW	BALTO STATE MA
BP	24 F	UMERAL DIRECTOR	1-131	Val. C-	DA	254 DATE RE	CD SINGHIRA	R TA REGISTR	ARS SIGNATURE
DHMH - 17	1	part of	ADDRESS	severna	50	UUL	8 1980	guirdan	Agent-Modern
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296014		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYO	GIEN S 5	27126
	1	STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO	D.
ea pe		OR PRINT) HELEN	VIZCARRONDO	2a. DATE OF DEATH	10 11 85 528 AM
age 4 may be arrector page 3 urs offer death	3. SE	Emale	Caucasion 3-7-1937	6 AGE (IN YEARS LAST BIR'	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
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TAL RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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ro Hospital retoined by 41 TO FUNERAL should be det with the Stote		STANLEY	PRINT; WATKINS 22e. ADDRESS		
BP		Burial, CREMATION, REMOVAL	10 14 85 WOOD AND CEM, I	23d LOCATION CITY OF TOWN	COUNTY MIAN
DHMH - 16 60M 7/B4 (VRA 15, 4)	24. F	NAME SARRANCO	HUNERAL HM. SEVERNA PK, MA	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
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SALES OF SEPARATE SERVICES SE LEPLY EXHIBITION SISTER ST BONUSA BUNA - A28. W - 1857 S. J. and structural from the Charles usid THE SHE WESTER THE VERY SEVEN WESTERN THE SHE WAS THE WAS THE SHE WAS THE WAS THE SHE WAS THE SHE WAS THE Company B. Williams B. Washer College (Agree) CORRESPONDED TO THE CASE AND THE PARTY OF TH BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENCO CERTIFICATE OF DEATH

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126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21401

_	150.00	REGISTRAR				CER	HICKIC	OI DEATH			REG. NO				
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7		ES, NO OR UNKNOWN)		WAR OR DATES)	579-8	2023		cs. Car	ol A	. Dona			same as	#13	
		IS CAUSE OF DEATH	Enter only	one couse per	line for to 1	hi and ic							APPRO	XIMATE INTER	VAI
0	4	PART I. DEATH WA	AS CAUSED	BY:	Me	tostal	ic T	esticu	lan	Ca	u Cla	-	i	uea	DEX
			IMMEDIATE	CAUSE (O)	- 1	1000		03,000	-						_
		6 101		DUE TO, OI	R AS A CONS	SEQUENCE O	F						100		
		Conditions, if ony, gove rise to imm		(b)											
	511	couse (o), stoting	the .	DUE TO, OI	R AS A CONS	SEQUENCEO	F								
		underlying couse	IOST	((c)											_
		PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING	G TO DEATH	BUT NOT REL	ATED TO THE	TERMINA	L DISEASE	OR COND	ITIONGIV	EN IN PART	10	
	o l														
6	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR W	HICH OPERA	TION WAS P	ERFORMED		200 AUTOR	SY?		, WERE FIND		
7	F									YES 🗍	поп		YING CAUSE	S OF DEAT	H2
10	ER	21g. ACCIDENT WAS UND	ERLYING -	21b. TIME O	FINJURY		21c. HC	W INJURY OC							
4	1	OR CONTRIBUTING C				H DAY YE	AR								
	SC	(IF EITHER NOTIFY MEDIC		21e. PLACE (9 216 100	CATION							
	MEDI	WHILE NOT WHI				OFFICE, FARM, ETC		STREET			CITY OR TOW	7	COUNTY	5	TATE
		AT WORK AT WOR	<u> </u>			- 10	11		26		110		C-		
1.0	48.	22a.l certify that	-	ol) ottended the	e deceosed f	rom	10	19_	02	, to			19 0 0	, tho (1) (v	ve)
	90	sow the deceose obove, (I) (Ve)(d		view the body	ofter death.	19 00	, and that in	(my) our) op	inion deat	th occurred	on the do	e ond hou	r and from th	e causes sta	ted
		226. SIGNATURE		. /	V 0		DEGREE						22c. DAT	ESIGNED	
		10	nall	W	ole	ш	MD	PHYSICIA	NG AN D	RECTOR [STAFI PHYSICI	AN 🗆	10/	9/85	5
		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT			22e AD	DRESS							
		EU	N Ce	OLE I	4		51	FRAN	KLI	NST	A	VNA	P. Mo	121	4
	23n B	URIAL, CREMATION, F	REMOVAL	23b. DATE		23c NAME C	E CEMETERY	OR CREMATO		234 LOCAT			7- 0	~ 1	L
		SPECIFY)	T. NOTE				- CEMILICIA	OR CREMATO	0.101		RTOWN		COUNTY	51	TATE

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

Anatomy Board

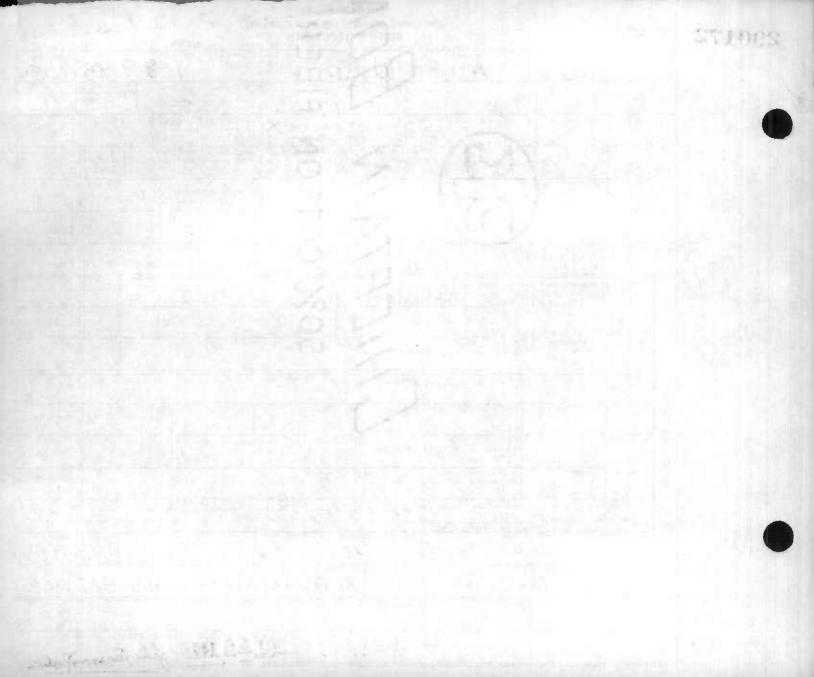
Removal

24 FUNERAL DIRECTOR

10/9/85

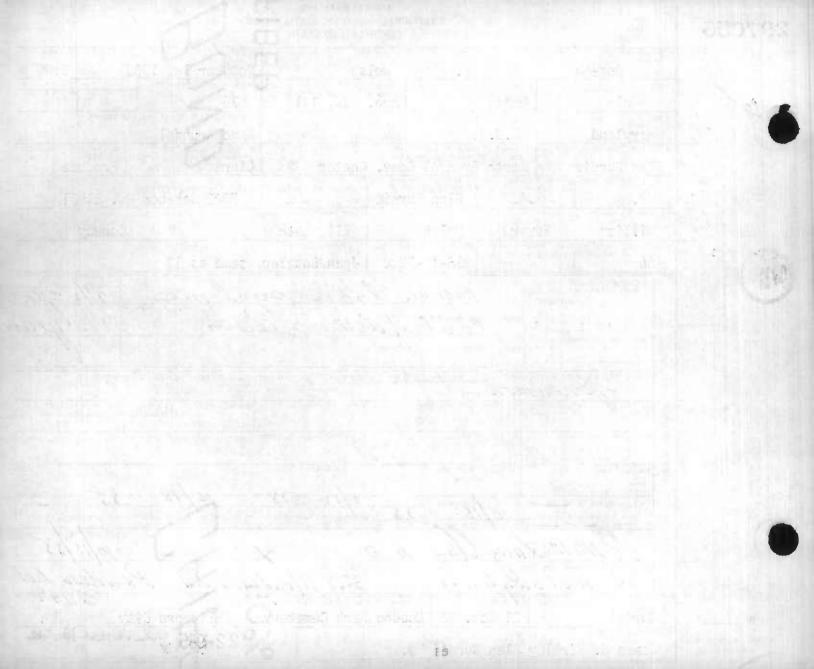
Balto., Md.

250 DATE REGD. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



289059	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 5	27 1 2 8
. 0.5		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 76. HOUR
noy be poge 3		Catheri		Weber	CCI	. 61 1485
4 mo	3. SE.		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HR. MONTHS DAYS HOURS MIN
inecte age		emale	CaucasiaN	11 01 01		YRS.
1 1 1 3 S	n	MATULAND	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Ari	
(A)00	3	EVERNA PK	419 HOLL	Arm KD	120 USUAL OCCUPAT	
7/35	13a. S	MD A	_	Pk. 13d. INSIDE CITY LIMITS?	419 Holl	ZIP CODE 21/4
ompletely cond 2 s	14. FA	JAMES E	ACHI	IS. MOTHER'S MAIDEN N PRIST HE	RINE MIDDLE	1- ARTHU
te be execution and collicion		VAS DECEASED EVER IN U.S. ARM YES, NO GRUNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECTION (MAR OR DATES) 212-75	17. INFORMANT	ARTHUR	419 Holly Fam
ow requires that the death ce been signed by the attendin mit. Then please remove corb prior to buria), cremation, arr.	CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO		ENCE OF DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	206. IF YES, WERE FINDINGS USED
2 000	TIFIC				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
PHYSICIAN: The ending physicial this certificate he buriol-transit for Mental Hygier days for them 18 show	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTHY MEDICAL EXAMINER)	P.M.	19	JRRED (ENTERNATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
ING PHY offer this os the bi th and A orked or	MED	WHILE OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TO	WN COUNTY STATE
PITAL OR ATTEN by the hospital ERAL DIRECTOR: the detached for us Siate Dept. of He		22a. I certify that (I) (this hospital saw the deceased alive an above (I) (we) (did) (did not) (II). SIGNATURE (IV) (IV) (IV) (IV) (IV) (IV) (IV) (IV)	19	DEGREE ATTENDING	medical and on the distribution of the distrib	that (I) (we) It ofte and hour and from the causes stated of the state
TO HOS retained TO FUN with the IMPORT		URIAL CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OF CREMATOR		21146
BP	- {	Burial	10-7-85 1	JOW CLATTERS R	ACTURE, BA	LT BALT, M

OCT. (A. 1925 THE STATE OF THE S State After the Sound Control of Prints of the Control of the State of the Control of the State of the Control of the State of the Stat MALTURE TURB CAMBERRY BALT, PALT, PA CHAMPAGE CONTRACTOR LOCALIST TO A PROPERTY OF THE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENES

1	2	STATE REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO.	
M		CEASED NAME FIRST	WIDDIE	LAST		20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	11172	WILLIA	m James	4010	DEFERD	10	30 ST 2000 M
	3. SE>	X 4	RACE	5. DATE OF B	RTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	X	nale	White.	Aug.	221950	35	RS.
1	7±. BII	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH
1	Π	Jaryland	USA	WIDOWED		finge Ar	undel Co. MD.
V	10 CI	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY IGIVE STREET)		THER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
1	HY	mapphis	134 S. Hom	elano	Avenue	Supervisor	Hirlines
k	USU A	AL RESIDENCE (IF NURSING HOME OR OF			INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	211121
	2	no la	A. Annapo	1	S X NO	134 S. Home	eland Avenue
2	14 FA	ATHER'S NAME	DDIE LASH	15.	MOTHER'S MAIDEN NAM	AE MIDDLE	TZAL
ℓI	1	Villiam Jami	es Wedefel	455	Melba		Keaale
1		VAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECT	IRMY NO. 17	INFORMANT	ADDRESS	same as
		Yes -	217-58-	46481	nelbaru	Diedeteld-	#13
		18 CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), an	d (c·)		TO THE REAL PROPERTY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATE		ATORY	ARRUST		turnes.
			DUE TO, OR AS A CONSEQUE		-		1 1
		Canditians, if any, which gave rise to immediate	(16) my(03.1	CTER	um SEPE	13	1 MONTH
		cause (a), stating the	DUE TO, OR AS A CONSEQUE			V 153	1 11 11
		underlying cause last	10 ACQUIRE	d Imm	woo DEFILL	trucy SONDR	ous 6 months
1	z	PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TERM	NAL DISEASE OR CONDITION	GIVEN IN PART Tra
-	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OBERATIONIN	AS DEDECTRACE	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED
1	FIC	190 DATE OF OPERATION	198. CONDITION FOR WHICH	OPERATION W	AS PERFORMED	INC	ERTIFYING CAUSES OF DEATH?
_	ERTI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21	HOW IN ILIPY OCCUPE	ED (ENTER NATURE OF INJURY IN ITE	YES NO
1	0.77	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	AY YEAR	LINOW INJORT OCCORR	LO TENTER NATURE OF INJURY IN THE	MIB PART (ON PART Z)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	LOCATION		
	ME		(AT HOME, STREET, FACTORY, OFFICE, F		STREET	CITY OR TOWN	COUNTY STATE
		AT WORK	D associated the decree of figure	Juli	10 05	10 667 30	19 ST that (I) (we) last
	9	220 Certify that (I) (this haspital saw the deceased alive an	66 30 19/	000	at in (mv) (aur) aginian a	10	d haur and from the causes stated
		abave. (1) (we) (did) (did nat)	view the bady after death.				
	- 1			DEG	REE		22c DATE SIGNED
		22b. SIGNATURE	Dulin	DEG	ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
1			Juliur	mi	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 10-31-85
1		226. SIGNATURE POLIN A 226. PHYSICIAN'S NAME ITYPE ORP		m ₁	ATTENDING PHYSICIAN ADDRESS	DIRECTOR PHYSICIAN	10-31-85
-	23n B	226. SIGNATURE POLIS A 228. PHYSICIAN'S NAME ITYPE GRP SONO D.	TACKSON	<i>M</i> ₁ 22	ATTENDING PHYSICIAN PER ADDRESS 833 PORCES	T DR ANNA	10-31-85
-	210.8	226. SIGNATURE POLIS A 22d. PHYSICIAN'S NAME ITYPE GRP TONN D.	TACKSON	<i>M</i> ₁ 22	ATTENDING PHYSICIAN PARTIES ADDRESS 833 PORTS TERY OR CREMATORY	7 DR ANNA 134 LOCATION CITY OF LOWN	10-31-85
-	1	226. SIGNATURE POLISH A 228. PHYSICIAN'S NAME ITYPE GRP TONO D.	TACKSON	<i>M</i> ₁ 22	ATTENDING PHYSICIAN PARTIES ADDRESS 1833 PORUS TERY OR CREMATORY	T DR ANNA 233 LOCATION CITY OF TOWN ADDOC 20013	Paus MD 21401
1	1	226. SIGNATURE 22d. PHYSICIAN'S NAME ITYPE ORP DONN SURIAL, CREMATION, REMOVAL CIFY)	TACKSON 230. DATE NOV. 231985 ADDITIONS	<i>M</i> ₁ 22	ATTENDING PHYSICIAN PARTIES ADDRESS 833 PORTS TERY OR CREMATORY 250 DATE	7 DR ANNA 134 LOCATION CITY OF LOWN	Paus MD 21401

DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1-	REGISTRAR		CEI	RTIFICATE OF DEATH		REG. NO.		
ł		EASED NAME FIRST	MID	DLE	LAS1	20. DAT	E OF DEATH MONTH	DAY YE	AR TH HOUR
ı	Strade o	Diale	a Be	atrice L	Jenslice		10-1	(0-85	B 0 M
ł	3. SEX	0 -0 -	4 RACE		ATE OF BIRTH	6 AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER 1	
		emale	Caucasi		une 4, 1893	96	Y!	RS.	DAYS HOURS MIN.
7	7a. B/A	THPLACE TATE OR FOREIGN	16. CITIZEN OF WE	HAT COUNTRY?	ARRIED A NEVER MARRIE	D 9 BALT	IMORE CITY OR COU	INTY OF DEAT	Н
	-	ew York	USA	WID	OWED XX DIVORCE	D 🗆 Ann	ne Arundel	7-1-1-1-1	MD.
1		rofton	LIF NOT IN SUCH F.	SPITAL, NURSING HO ACILITY, GIVE STREET ADDRES NURSING C	ome or other institutions; enter	(TYPE OF	UAL OCCUPATION WORK FOR MOST OF WORKING NEMAKET		ND OF BUSINESS OR STRY
1		AL RESIDENCE (IF NURSING HOME O TATE 136 COU		VE RESIDENCE BEFORE ADMIS	SION) 13d. INSIDE CITY LIM	ITS? 13e.STR	EET ADDRESS / ZIP C	CODE	
1	Ma	ryland Frince	e Georges	Bowie	YES 🙀 NO [005 Marvel	Lane	20715
1	14. F.A.	THER'S NAME Henry	MIDDLE	Swain	15. MOTHER'S MAID	nnie	MIDDLE		Siggs
6		VAS DECEASED EVER IN U.S. AI		SOCIAL SECURITY			APPATO.	Stoneh	aven Lane
		ES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES)	34-07-5795	Esta R. 1	Keim		Maryla	and 20715
1		18 CAUSE OF DEATH (Enter o	nly one cause per lin	e for (a), (b), and (c).		-		AP BETV	PROXIMATE INTERVAL
П		PART I. DEATH WAS CAUSI	ED BY. (TE CAUSE (a)	Cardi	ac aur	est		14	
1			DUE TO OR A	S A CONSEQUENCE	OF				
П		Conditions, if ony, which		thero Scle		it Di	s-ease	1	
1		gave rise to immediate cause (a), stating the	DUE TO OR A	S A CONSEQUENCE	OF				
1		underlying cause last.	(c)						
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DIS	EASE OR CONDITION	GIVEN IN PAR	RT 11d
Ш	ō	Congestive	heart	Faul	ine; Chier	n'c un	inany To	u Cl7	rjec ha
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITIO	ON FOR WHICH OPER	ATION WAS PERFORMED	20a			INDINGS USED USES OF DEATH?
4	E		11 5540			YES		YES 🗌	NO 🗆
	30	210. ACCIDENT WAS UNDERLYING	110110 111	NJURY MONTH DAY Y		OCCURRED (EN	TER NATURE OF INJURY IN ITE	M 18 PART I OR PAR	IT 2)
1	AL	OR CONTRIBUTING CAUSE OF DE	AIN	MONIII DAI	19				
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY	211. LOCATION		CITY OR TOWN	COUNT	TY STATE
П	Σ	NOT WHILE AT WORK	(AT NOME STREET	, FACTORY, OFFICE, FARM, E		5345			
1		22a.1 certify that (1) (this hosp			1-4 19	\$4,10	10-16	. 19 8	, that (I) (we) last
1	11.5	saw the deceased alive an obove, (I) (we) (did) (did no	n 10-10	ter death	, and that in (my) (aur) a	pinion death ac	curred an the date and	I haur and fram	n the causes stated
1	72	22b. SIGNATURE	- 2 - 0-	a deom.	DEGREE		THE RESERVE		DATE SIGNED
Ч		K-0	2010		M. DATTEND	ING MEDI	CAL STAFF TOR PHYSICIAN	10	2/17/85
ī		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	2	1	. 17	MD MD
		HAKESH	ARORI		14300	SALLA	UT FOX L	U., DO	WIE, 207
		URIAL, CREMATION, REMOVAL			OF CEMETERY OR CREMA		CITY OR TOWN	COUNTY	STATE
		ransit-Burial	Oct. 21		Lawn Cemetery		m of Tonaw		
		INERAL DIRECTOR	OScall	ADDRESS	Thorre un.		BY REGISTRAR 256. RE		
H	1	Beall Funeral I	Tome /	Bowie, Ma	arylan d	OCT 2	2 985	lia Davido	on Binder

DHMH - 16 60M 7/84 (VRA 15, 4)

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12319 .tonehavan lane	sharA	1.L. NI		a congression	11
Bowie, Maryl nd 2011	mish staa	7 - 1 - 1 - 1 ·			
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A CAR SHOW					
x					
	123				

Granuat-Fordal Oct. 22 1995 52m Lawn Cemetry

i o'i www.lu.

10000 Annepolis Rd. Rovic, Maryda d

Town of Tonavanue, New York

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ATE OF DEATH	REG. NO.

RI RI	EGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	O		
I. DECEA	ASED NAME FIRST		WIDDLE	ŧ	AST			DAY YEAR	26 HOUR
TITPE ORI	Thalbe	rt.	H. Wi	lde		October 2	2 198	5	_ M
1. SEX	31100	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER) YEAR	IF UNDER 24 HRS
n	male	white		OC	t. 16,1909	76	YRS	MONTHS! DAYS	HOURS MIN.
	HPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	В	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
Mar	ryland	U.S	S.A.	WIDOWE		Anne Ar	undel	L Co.	MD.
10 CITY	OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATI		126. KIND O	F BUSINESS OR
4	nady Side	4841	Idlewi	lde	Rd.	Waterma	n	"Sell	-emp.
13a,51A	RESIDENCE (IF NURSING HOME OF	VIY _	131 CITY OR TOW	ADMISSION	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	20	18/10
Md.	A. I	1. Co.	Shady	Side	YES NO T		ewilo		"/
14. FATH	ER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		105	4
Fra	ank Fe	erdinar		de	Bertha	Model		Smi	th
	DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	484DRE	SSIdle	ewilde	Rd 20876
(165.		10	216-18-	5986	Viola G. W	ilde Shad	y Sic	de,Md.	20876
18	CAUSE OF DEATH (Enter or		line far (a), (b), and	dicit	,			APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	Cordio	NSPI	catory arres	et		5	minutes
		DUF TO O	R AS A CONSEQUE	NCE OF.	1				
	Canditians, if any, which	(dı)	Urino	ry to	nd sepsis			2	days
	gave rise to immediate ause (a), stating the	DUE TO O	R AS A CONSEQUE	NCF OF =			1	12.00	
-	inderlying cause last.	(c)	Seve	e F	arkinson's di	reare	Paul	2	years
	ART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION GIV	EN IN PART 110	
1 2	Ao.	+12 SI	enosis	- (ongestive hec	rt tailure			
CERTIFICATION	DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YING CAUSES	
E L						YES NO	YE		NO 🗌
100000000000000000000000000000000000000	R CONTRIBUTING CAUSE OF DE	110110 1		YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	EY IN ITEM 18 P	ART I OR PART 2)	
3	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19					
20	& INJURY OCCURRED	21e PLACE	OF INJURY	ARM ETC 1	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	NOT WHILE AT WORK						- 624		
22	a.l certify that (1) (this haspi	0 -	100	The same of			1		that (II (we) last
	saw the deceased alive on abave, (I) (we) (did) (did no	Sept The bady	aften death.	. 01	nd that in (my) (aur) apınian (death accurred on the do	ite and hav	r and fram the	causes stated
22	b. SIGNATURE		01	1)	EGREE			22c DATE	SIGNED
	ext.	-	100	4	MD ATTENDING PHYSICIAN	MEDICAL STAI	IAN	10/	22/85
22	d. PHYSICIAN'S NAME (1111)	a painti			22e ADDRESS			0	10 809
16	DREGORY /	eilley	Att		134 Owenso	sille Kd.	West	- Viver	116.
23a BUR (SPEC	IAL, CREMATION, REMOVAL	336 DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

10/24/85 24 FUNERAL DIRECTOR

Hardesty Funeral Home

23c. NAME OF CEMETERY OR CREMATORY Woodfield Cemetery

y Galesville, A.A. Co.Md.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE OCT 28 1938 12 Ridgely Ave. Ann.Md. 21401

Hardesty Funeral Home Ann. Md. 21401

MIDDLE

FOR

REGISTRAR

DECEASED NAME

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

REG. NO

MONTH

- 2b HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

construction

INDUSTRY

YES

COUNTY

STATE

_, that (1) (we) last

22c. DATE SIGNED

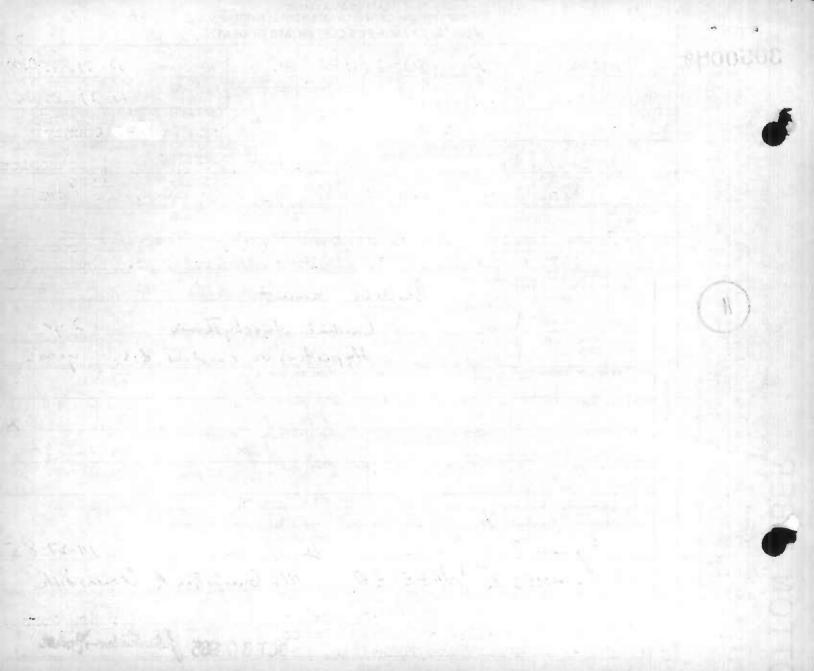
20 DATE OF DEATH

An address of the control of the

	-	FOR	DCD /		MARYLAND TH AND MENTAL HYG	5 á	27	5 4
287072	1 -	STATE REGISTRAR	VEF		TE OF DEATH	REG. NO.		
		EASED NAME FIRST	MIDDLE	LAST			ONTH DAY YEA	AR 2b. HOUR
o e e e	(TYPE	OR PRINT)	V ANN	1075	11	11	0 7 85	- 1325 M
poog poog	3. SEX	1 1 1 1 1	RACE	S. DATE OF BI	IRTH	6. AGE (IN YEARS LAST BIRTHD		YEAR IF UNDER 24 MRS
ctor,		Female	White	MONTH	30 29	56	YRS.	DAYS HOURS MIN.
E 43 DC		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	RY? 8.	NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEAT	н 1
100		anuland	USA	WIDOWED	DIVORCED [ANNE	Arun	del MD.
1113	10 CI	ALACO CALL		RSING HOME OR O	THER INSTITUTION	DE OF WORK FOR MOST OF W	ORKING LIFE) IDIDUS	
	USUA	L RESIDENCE OF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE	runde BEFORE ADMISSIONI	1 2610	Met. Supervis		enhane Co.
1135	13a. S	TATE 136 COUN	A HOTEL		I INSIDE CITY LIMITS?	130. STREET ADDRESS / Z	, I C.	20176 Sudley Rd.
1 1 11 1	14. FA	THER'S NAME -	1		MOTHER'S MAIDEN NA		/	1
1 11 120	1	Robert	La Faci	(2)	Mary.	Agnes	150	ft
	160 V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	ECURITY NO. 17	INFORMANT (ADDRESS	Same a	rs .
M F F F	(1	100 (IF TES, OIL	E WAR OR DATES)	C	harles	W.+t-	#13	
SAL ote sicin person.		18 CAUSE OF DEATH (Enter or	lly one couse per line for 101, (b	, and ici			BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
p phy anpo emor	160	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (O) CARDIE	RESPIRAT	ORY ARR	EST	4	DAYS
he death cer the attending smave carba motion, ar re			DUE TO, OR AS A CONS	EQUENCE OF			155	
deo deo atte		Conditions, if ony, which gove rise to immediate	(b)					
W. PR		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS	EQUENCE OF				
ed by pleas		PART 2. OTHER SIGNIFICANT	(c)	10 DE 1711 DUT 110	7 DEL 1750 TO 1115 TED	The picture of could	TION COVEN IN DA	DY 1.
ps, z quire sign hen p ia bu	Z		14PERTENSION	DIABE	_	TINAL DISEASE OR CONDI	TION GIVEN IN PA	KI 110
tw red	ATIC	19g DATE OF OPERATION	19b. CONDITION FOR WI				206. IF YES, WERE F	
IVISION OF VITAL RECORDS, 201 G PHYSICIAN: The low requires the other dring physicion. For this certificate has been signed be sithe buriol-transit permit. Then plea to and Mental Hygiene prior to burial, riked or them 18 shows any injury, or a	CERTIFICATION					YES NO	IN CERTIFYING CAP	SUSES OF DEATH?
VITA VITA VITA VITA VITA VITA VITA VITA	CERI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		It. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	IN ITEM IS PART I OR PAR	RT 2)
ON OF VITA		OR CONTRIBUTING CAUSE OF DE.		DAY YEAR				
SION OF VII	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		F LOCATION STREET	CITY OR TOWN	N COUNT	TY STATE
IVISIG	\$	WHILE NOT WHILE AT WORK	TAL HOME STREET PACTORY, OF	PRE PARM EIC)				
NDIN Lar R: Af		22a I certify that (I) (this hasp	A series	A	, 19_81	10 10-9	. 19_57	that (I) (we) last
R ATTER haspito RECTOI ned for spt. of b		sow the deceased alive on above, (1) (we) (did) (did no	t) view the body ofter death.	19, ond th	hot in (my) (our) opinion	death accurred on the date		
0 . 5 7 5 -		22b. SIGNATURE	0.1.	DEC	REE	AEDICAL STAFF		DATE SIGNED
		Joun of	munn	m		DIRECTOR PHYSICIA	N D	0-7-57
HOSPITAL bined by the FUNERAL build be detrophed by the Store bookt and the Store book		22d. PHYSICIAN'S NAME (TYPE		22	e ADDRESS	DR. ANKA	Divis V.	D 7.11.
TO HOSPITAL TO FUNERAL should be det with the Store			CICSUN	02.014.05	1837 Punesi		roces in	1) 01401
	23a. 8	URIAL, CREMATION, REMOVAL	23b. DATE	MAME OF CEME	ETERY OR CREMATORY	23d LOCATION	1 ONLY	STATE
BP	74 FI	INERAL DIRECTOR	UCT II, MYS	(ecar	ZSa DAT	E REC'D. BY REGISTRAR 25	LIRECISTRAR'S SIC	SNATORE -
DHMH - 16 60M 7/84	K	NAME	1 1 h - 1 CYCA	ESS	· · · · · · · · · · · · · · · · · · ·		HREGISTER'S SIG	We- Market Ser
(VRA 15, 4)	Па	LUIDY IUNEMA	1 Chapel-Hy	mapalis	2 11111			

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	1,	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 /	-0 0
	L	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	2
3050084		FCEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 26. HOUR
LEASE CTOR CTOR FILES OURS FREET	3. SE	MILANALD W. WOODRUFF Jr. DEATH MATED 10-	27 19 85 0100 M
S. T. S.	3. SE	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	77 85 1011
SARY, VOUI	7a. B	ARTHPLACE (STATEOR 7/6 CITIZEN OF WHAT COUNTDY2 10 19 RAITIMOSE CITY OF COUNT	2 17
NECESSARY FUNERAL DIR FUNERAL	Ne	OREION COUNTRY) WIDOWED DIVORCED Anne Arundel	
THE FOR	10. C	TTY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 1	2b. KIND OF BUSINESS OR INDUSTRY
\$0 mg	1	ANNAPOLIS Anne Arundel General Hospital Electrical	Electronics
P. 21201 IF ANY D. 3. PETAIR SHOULD IF REOPE	Ма	ryland Montgomery WHEATON YES NO X 14028 BROOM ALA	1906 LANG
H-XOX-I	14. F	ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE	LAST
TIMORE TER DEA FORM P	160.	Aaron Woodruff Emma Dewas Deceased Ever in u.s. Armed Forces? 166. SOCIAL SECURITY NO. 17. INFORMANT (Wife) ADDRESS 4.0.20	Witt
7 75-02	1	YES, NO, OR UNKNOWN) [IF YES, GIVE WAR OR DATES] (WILLE)	
. E 2. 0	F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	Meaton, MD
National St.		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cauda a causat	BETWEEN ONSET AND DEATH
E CENEDA		DUE TO, OR AS A CONSEQUENCE OF	
The second second		Conditions, if any, which gave rise to immediate (b) Condine dyschy Thuris	240
JUED W IN PEN IN		DUE TO, OR AS A CONSEQUENCE OF Hyper tensive cardiac dis.	years
ORDS PICAL PICAL A BU TH AN	z	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
MEN HEAL	MEDICAL CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY?
A SOFTON	THE S		YES NO X
OF V ATE S THE O THE O THE O THE O	CER	21d. EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING OR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART	2]
DIVISION S CERTIFIC RITING TH RDED TO PE 3 SHOUL E DEPART	NO.	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION	
DIVE WRITIN WARDED WAGE 3 FTATE DE	MEG	WHILE AT WORK STREET, FACTORY, FARM, ETC.) STREET STREET CITY OR TOWN COUN	NTY STATE
A PORTE		22a Certify that I took charge of the remains described above, held on Autopsy , Inspection . Inquiry , and in my opin	nan
EXAMINE CERTIFIC DIRECT WITH TWENTY		death resulted from. Natural causes Accident , Suicide , Hamicide , Undetermined manner ,	
X S S S S S S S S S S S S S S S S S S S		ACTUAL SIGNATURE DATE SIGNATURE DATE	10-27-85
A SEAT SEAT SEAT SEAT SEAT SEAT SEAT SEA	1		
TO MEDICAL E EXECUT: THE O PAGE A SHOUT AFTER DIEATH. BARTIMORE, M.		EXAMINER'S NAME JAMES E WHEELER ADDRESS / 116 Gum Go Ton R Crow	nsville
	23a.B	Burial 30, 1985 Fairview Cemetery Westfield Union	
BP	24 F	UNIFICAL DIRECTOR ROBERT A. Pumphrey Funeral Home's Date REC'D. BY REGISTRAR 25 REGISTRAR S. S.K.	New Jersey
DHMH - 17 (VR A15 ME (5))		A. 300 W. Montgomery Ave, Rockville, MD OCT 30 1985	-fonder



PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VIT AL RECORDS,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	7	7				
			N			
	1	1	4	٦	٦	F

1. DECEASED NAME FIRST (TYPE OR PRINT)		WIDDLE	LAST	to DATE OF BERTIE	DAY YEAR	2b HOUR	
	MELVIN	HOWARD	ZEPP	OCTOBER 9, 198	5	8:1	1 A _M
3 SEX	4	I. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS
Male		White	June 29 1938	47 YRS.	MONTHS DAYS	HOURS	MIN.
		& CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
Maryland		U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL	COUNTY		MD.
IA CITY OR TOWN OF	DEATH 1		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND O	F BUSIN	ESS OR
GLEN BURNIE (IF NOT IN SUCH FACHITY, GIVE STREET A NORTH ARUNDE:			TYPE OF WORK FOR MOST OF WORKING LIF	Plumb:	ing	Compa	
USUAL RESIDENCE (F)	NURSING HOME OF C	THER INSTITUTION GIVE RESIDENCE BEFORE		13. STREET ADDRESS / ZIP CODE			

USUAL RESIDENCE (IF NO	PRING HOME OR OTHER INSTITUTION			t.,	
Maryland	Anne Arundel	Glen Burnie	13d. INSIDE CITY LIMITS?	306 Williams Roa	d 21061
14 FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
Millard	Н.	Zepp	Mildred		Brown
	R IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
Yes, no or unknown)	WW II	216-36-1161	Betty R. Zepr	306 Williams Ro	oad 21061
Conditions, if or gove rise to it cause (a), sto	DUE TO, O	RAS A CONSEQUENCE OF	4	Inferchan	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	GNIFICANT CONDITIONS CO	ontributing to DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	/EN IN PART 11a

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART) OR PART 2 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE, FARM ETC) NOT WHILE not (I) (we) lost

22a.1 certify that (1) (this hospital) at	tended the deceased Iram		, to,	19, that (I) (we)
saw the deceased alive an above, (t) (we) (did) (did nat) view	the body after death.	nd that in (my) (our) apinion	death accurred on the date and hou	ond from the couses stated
776 SIGNATURE		DEGREE		22c. DATE SIGNED

PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS BALTIMORE-ANNAPOLIS BLVD.

BASANT K KHANDELWAL M.D.

CIEN DUDNIE MADVIAND 21061

DITOTINI ACC ACTUAL	ADDITION THE	GLILI	M DOMMIE,	THATT	ID ZIO	O.L	
36 BURIAL, CREMATION, REMOVAL BURIAL	10/14/85		METERY OR CREMATOR 11e Vet's Ce			A.A.	Maryland

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

CERTIFICAT

MEDICAL

(VRA 15, 4)

0 prior

the burial-transit per and Mental Hygiene

should be detached for use as with the State Dept. of Health

orked or them 18

MPORTANT.

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

256 REGISTRAR'S SIGNATURE DENDERO

BP.





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